

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36931

Entity Name: HUF COR/ORLANDO, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1301 CENTRAL PARK DR
SANFORD, FL 327716638 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 591
JANESVILLE, WI 535470591 US

New Mailing Address:

FEI Number: 59-3098424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BORDEN, J M
Address: 2101 KENNEDY ROAD
City-St-Zip: JANESVILLE, WI 53545

Title: VD () Delete
Name: MURRY, WILLIAM D
Address: 102 FAIRBANK ST
City-St-Zip: ADDISON, IL 60101

Title: STD () Delete
Name: SCOTT, FRANK R
Address: 2101 KENNEDY ROAD
City-St-Zip: JANESVILLE, WI 53545

Title: VP () Delete
Name: MOONEY, JOHN B
Address: 1301 CENTRAL PARK DR-
City-St-Zip: SANFORD, FL 32771638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BLANCHARD, MARK E
Address: 2101 KENNEDY ROAD
City-St-Zip: JANESVILLE, WI 53545

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J MICHAEL BORDEN

PCD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date