2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P94000007390

Entity Name: XXPC INC.

Current Principal Place of Business:

2344 W WISCONSIN ST
PORTAGE, WI 53901

New Principal Place of Business:

NOT APPLICABLE
SUN PRAIRIE, WI 53590

Current Mailing Address:

P.O. BOX 449
PORTAGE, WI 539010449

New Mailing Address:

P.O. BOX 278
SUN PRAIRIE, WI 53590

FEI Number: 65-0463658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: BUERGEL, ULF
Address: 2344 W WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: V (X) Delete
Name: MOSTKOFF, SAMUEL
Address: 2344 W WISCONSIN ST, POBBOX 449
City-St-Zip: PORTAGE, WI 53901

Title: D ( ) Delete
Name: BUERGEL, ULF
Address: 2344 W WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: V (X) Delete
Name: DECKARD, MICHAEL D
Address: 2344 W WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: V (X) Delete
Name: HARVEY, SCOT D
Address: 2344 W WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: V (X) Delete
Name: WILLIAMS, TIMOTHY E
Address: 2344 W WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: MOSTKOFF, SAMUEL V
Address: PO BOX 278
City-St-Zip: SUN PRAIRIE, WI 53590

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

Title: D (X) Change ( ) Addition
Name: MOSTKOFF, SAM D
Address: PO BOX 278
City-St-Zip: SUN PRAIRIE, WI 53590

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

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

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: SAMUEL MOSTKOFF V 04/01/2008

Electronic Signature of Signing Officer or Director Date