

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002993

Entity Name: D V TECHNOLOGIES, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

838 1ST ST NW
CEDAR RAPIDS, IA 52405 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 74042
CEDAR RAPIDS, IA 52407 US

New Mailing Address:

FEI Number: 42-1392652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
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: BLOOMHALL, JOHN C
Address: 838 1ST ST NW
City-St-Zip: CEDAR RAPIDS, IA 52405

Title: S () Delete
Name: FAGANEL, PAUL R
Address: 838 1ST ST NW
City-St-Zip: CEDAR RAPIDS, IA 52405

Title: V () Delete
Name: BLOOMHALL, WILLIAM A
Address: 838 1ST STREET NW
City-St-Zip: CEDAR RAPIDS, IA 52405

Title: V () Delete
Name: LUSSON, DAVID B
Address: 838 1ST STREET NW
City-St-Zip: CEDAR RAPIDS, IA 52405

Title: T () Delete
Name: CANNON, JEFFREY J
Address: 838 1ST STREET NW
City-St-Zip: CEDAR RAPIDS, IA 52405

Title: VP (X) Delete
Name: LUSSON, DAVE
Address: 838 1ST ST NW
City-St-Zip: CEDAR RAPIDS, IA 52405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: LUSSON, DAVID B
Address: 838 1ST STREET NW
City-St-Zip: CEDAR RAPIDS, IA 52405

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: DAVID LUSSON

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date