2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 801672

Entity Name: THE DAVEY TREE EXPERT COMPANY

Current Principal Place of Business:

1500 N. MANTUA ST.
KENT, OH 442405193 US

New Principal Place of Business:

Current Mailing Address:

1500 N. MANTUA ST.
KENT, OH 442405193 US

New Mailing Address:

FEI Number: 34-0176110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	COWAN, R. DOUGLAS	
Address:	1500 NORTH MANTUA STREET	
City-St-Zip:	KENT, OH 44240	
Title:	D	( ) Delete
Name:	BLAIR, R CARY	
Address:	1500 NORTH MANTUA ST	
City-St-Zip:	KENT, OH 44240	
Title:	STC	( ) Delete
Name:	ADANTE, D. E.	
Address:	1500 NORTH MANTUA STREET	
City-St-Zip:	KENT, OH 44240	
Title:	AS	( ) Delete
Name:	NICHOLAS, ROSEMARY	
Address:	1500 NORTH MANTUA STREET	
City-St-Zip:	KENT, OH 44240	
Title:	VPM	( ) Delete
Name:	BOWLES, HOWARD D.	
Address:	1500 NORTH MANTUA STREET	
City-St-Zip:	KENT, OH 44240	
Title:	P	( ) Delete
Name:	WARNKE, KARL J	
Address:	1500 NORTH MANTUA STREET	
City-St-Zip:	KENT, OH 44240	

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:	AS	(X) Change ( ) Addition
Name:	MARJORIE L CONNER	
Address:	1500 NORTH MANTUA STREET	
City-St-Zip:	KENT, OH 44240	
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: MARJORIE L CONNER SECR 05/04/2009

Electronic Signature of Signing Officer or Director Date