

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838629

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: NEMSCHOFF CHAIRS, INC.

## Current Principal Place of Business:

909 N 8TH STREET  
SHEBOYGAN, WI 53081 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 129  
SHEBOYGAN, WI 530820129

## New Mailing Address:

909 N 8TH STREET  
SHEBOYGAN, WI 53081 US

FEI Number: 39-0797933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYNOLDS, THEA  
18101 GERACI RD.  
LUTZ, FL 33548 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: PD ( ) Delete  
Name: NEMSCHOFF, MARK S  
Address: 909 N 8TH STREET  
City-St-Zip: SHEBOYGAN, WI 53081

Title: D ( ) Delete  
Name: PAULS, RICHARD  
Address: 529 ONTARIO AVE  
City-St-Zip: SHEBOYGAN, WI 53081

Title: D ( ) Delete  
Name: TROTTER, PATRICK  
Address: 501 RIVER OAKS DRIVE  
City-St-Zip: SHEBOYGAN FALLS, WI 53085

Title: TV ( ) Delete  
Name: HELLMAN, PETER  
Address: 909 N 8TH STREET  
City-St-Zip: SHEBOYGAN, WI 53081

## 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: D (X) Change ( ) Addition  
Name: NEMSCHOFF, PAUL R  
Address: 909 N 8TH STREET  
City-St-Zip: SHEBOYGAN, WI 53081

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: MARK S. NEMSCHOFF

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date