2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 839505

Entity Name: SELECT SIRE POWER, INC.

Current Principal Place of Business:

2623 CAROLINA SPRGS RD
BOX 370
ROCKY MOUNT, VA 24151 US

New Principal Place of Business:

Current Mailing Address:

2623 CAROLINA SPRGS RD
BOX 370
ROCKY MOUNT, VA 24151 US

New Mailing Address:

FEI Number: 54-0501907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OFFICERS AND DIRECTORS:

Title:	ST	( ) Delete
Name:	DUDLEY, C WAYNE,	
Address:	ROUTE 4 BOX 370	
City-St-Zip:	ROCKY MOUNT, VA 2,	
Title:	ASAT	( ) Delete
Name:	CARPENTER, MARK A	
Address:	1 STONY MOUNTAIN RD	
City-St-Zip:	TUNKHANNOCK, PA 18657	
Title:	S	( ) Delete
Name:	CRUIKSHANK, ROBERT	
Address:	9723 B STATE HWY 37	
City-St-Zip:	OGDENSBURG, NY 13669	
Title:	P	( ) Delete
Name:	STEVE, CRAUN	
Address:	9749 WARM SPRINGS PIKE	
City-St-Zip:	BRIDGEWATER, VA 22812	
Title:	VP	( ) Delete
Name:	LANE, H LEIGH	
Address:	1791 COUNTY HOME ROAD	
City-St-Zip:	BLANCH, NC 27212	
Title:	T	( ) Delete
Name:	EBERLY, LYNN	
Address:	2071 MT PLEASANT ROAD	
City-St-Zip:	FAYETTEVILLE, PA 17222	

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:	( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A CARPENTER ASAT 03/27/2009

Electronic Signature of Signing Officer or Director — Date