

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842829

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** HAGIE MANUFACTURING COMPANY

**Current Principal Place of Business:**

721 CENTRAL AVE. WEST  
CLARION, IA 50525

**New Principal Place of Business:**

721 CENTRAL AVE. W  
CLARION, IA 50525

**Current Mailing Address:**

PO BOX 273 721 CENTRAL AVE. WEST  
CLARION, IA 50525

**New Mailing Address:**

P.O. BOX 273  
CLARION, IA 50525

**FEI Number:** 42-1380205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
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: P  
Name: HAGIE, ALAN B.  
Address: 721 CENTRAL AVE. WEST  
City-St-Zip: CLARION, IA 50525

Title: S  
Name: HAGIE, BARBARA  
Address: 721 CENTRAL AVE. WEST  
City-St-Zip: CLARION, IA 50525

Title: D  
Name: HAGIE, JOHN R.  
Address: 721 CENTRAL AVE. WEST  
City-St-Zip: CLARION, IA 50525 US

I hereby 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 all other like empowered.

SIGNATURE: ALAN B. HAGIE

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date