2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# F00000004788

Entity Name: HK SYSTEMS, INC.

Current Principal Place of Business:

2855 S JAMES DRIVE
NEW BERLIN, WI 53151

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1512
MILWAUKEE, WI 532011512

New Mailing Address:

FEI Number: 39-1766857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PR ( ) Delete
Name: GONZALEZ, MICHAEL L
Address: 2855 SOUTH JAMES DRIVE
City-St-Zip: NEW BERLIN, WI 53151

Title: VPS ( ) Delete
Name: STRICKER, THOMAS L JR
Address: 2855 SOUTH JAMES DR
City-St-Zip: NEW BERLIN, WI 53151

Title: D ( ) Delete
Name: SAWYER, KENNETH B
Address: 475 SANSOME ST, STE 1850
City-St-Zip: SAN FRANCISCO, CA 94111

Title: CCED ( ) Delete
Name: SPLUDE, JOHN W
Address: 2855 S JAMES DR
City-St-Zip: NEW BERLIN, WI 53151

Title: D ( ) Delete
Name: SMITH, THOMAS G
Address: 411 E WISCONSIN AVE, STE 1280
City-St-Zip: NEW BERLIN, WI 53151

Title: D ( ) Delete
Name: BARTHOLDSON, JOHN
Address: 540 MADISON AVE, 25TH FL
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCED (X) Change ( ) Addition
Name: GONZALEZ, MICHAEL L
Address: 2855 SOUTH JAMES DRIVE
City-St-Zip: NEW BERLIN, WI 53151

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

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

Title: CD (X) Change ( ) Addition
Name: SPLUDE, JOHN W
Address: 2855 S JAMES DR
City-St-Zip: NEW BERLIN, WI 53151

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: THOMAS L. STRICKER, JR. VPS 03/03/2009

Electronic Signature of Signing Officer or Director Date