

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006906

Entity Name: MORBARK, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

8507 S. WINN ROAD  
WINN, MI 48896

## New Principal Place of Business:

## Current Mailing Address:

8507 S. WINN ROAD  
WINN, MI 48896

## New Mailing Address:

PO BOX 1000  
WINN, MI 48896

FEI Number: 38-2805772

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: PC ( ) Delete  
Name: MOREY, LON  
Address: 8507 S. WINN ROAD  
City-St-Zip: WINN, MI 48896

Title: VPD ( ) Delete  
Name: ROBISON, MILAN  
Address: 8507 S. WINN ROAD  
City-St-Zip: WINN, MI 48896

Title: SD ( ) Delete  
Name: NOCH, LARRY  
Address: 8507 S. WINN ROAD  
City-St-Zip: WINN, MI 48896

Title: TD ( ) Delete  
Name: LEHMANN, DEBRA  
Address: 8507 S. WINN ROAD  
City-St-Zip: WINN, MI 48896

Title: VPD ( ) Delete  
Name: BARDOS, GARY  
Address: 8507 S WINN ROAD  
City-St-Zip: WINN, MI 48896

## 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:

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: DEBRA LEHMANN

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date