

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007235

Entity Name: CYBRCOLLECT, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

2350 SOUTH AVENUE
SUITE 105
LA CROSSE, WI 54601

Current Mailing Address:

POST OFFICE BOX 1145
LA CROSSE, WI 546021145

New Principal Place of Business:

2350 SOUTH AVENUE
SUITE 105
LA CROSSE, WI 54601 US

New Mailing Address:

POST OFFICE BOX 1145
LA CROSSE, WI 546021145 US

FEI Number: 39-1942543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: CEO () Delete
Name: MONROE, KATHY L
Address: 2350 SOUTH AVE #105
City-St-Zip: LA CROSSE, WI 54601 US

Title: VP () Delete
Name: VALACHOVIC, STEPHEN J
Address: 4200 REGENT ST. #200
City-St-Zip: COLUMBUS, OH 43212 US

Title: SEC () Delete
Name: CULLEN, JOHN M
Address: 4200 REGENT ST. #200
City-St-Zip: COLUMBUS, OH 43212 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CULLEN, JOHN M
Address: 4200 REGENT ST STE 200
City-St-Zip: COLUMBUS, OH 43219 US

Title: VP (X) Change () Addition
Name: SCHAEFER, JOHN A
Address: 2350 SOUTH AVE STE 105
City-St-Zip: LA CROSSE, WI 54601 US

Title: SEC (X) Change () Addition
Name: SCHAEFER, JOHN A
Address: 2350 SOUTH AVE STE 105
City-St-Zip: LA CROSSE, WI 54601 US

Title: TRES () Change (X) Addition
Name: CULL, JOHN M
Address: 4200 REGENT ST STE 200
City-St-Zip: COLUMBUS, OH 43219 OH

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: JOHN A SCHAEFER

VP

01/28/2009

Electronic Signature of Signing Officer or Director

Date