2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 14, 2005 8:00 am **DOCUMENT # F01000001912 Secretary of State** 1. Entity Name 02-14-2005 90040 039 ***150.00 SWF, INC. Principal Place of Business Mailing Address 205 NORTH WHITE STREET 205 NORTH WHITE STREET FORT MILL, SC 29715 FORT MILL, SC 29715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 58-2585829 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **OFFICERS AND DIRECTORS** 10. Change X Addition X Defete TITLE VASD TITLE VSD NAME EMERSON, FORREST M DORSETT, C. POWERS NAME STREET ADDRESS 205 NORTH WHITE STREET STREET ADDRESS 205 NORTH WHITE STREET CITY-ST-ZIP CITY-ST-ZIP FORT MILL, SC 29715 FORT MILL, SC 29715 X Change ☐ Addition TITLE TITLE VASD ☐ Delete VSD NAME SULLIVAN, ROBERT W SULLIVAN, ROBERT W NAME STREET ADDRESS 205 NORTH WHITE STREET STREET ADDRESS 205 NORTH WHITE STREET CITY-ST-ZIP FORT MILL, SC 29715 FORT MILL, SC 29715 CITY-ST-ZIP ☐ Addition Change TITI F Delete TITLE THEESFELD, TIMOTHY L NAME NAME STREET ADDRESS 205 NORTH WHITE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MILL, SC 29715 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ILARDO, SAMUEL J NAME STREET ADDRESS 205 NORTH WHITE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MILL, SC 29715 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME ZABEL, RONALD W NAME 7549 GRABER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLETON WI 53562 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

TIMOTHY L. THEESFELD

FILED

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