2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002342

WELTER, MARGUERITE

2690 CREST WOOD LANE

RIVER WOODS, IL 60015

Name:

Address:

City-St-Zip:

Entity Name: WELTER INDUSTRIES NATIONAL INC.

FILED Apr 13, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:			
3414 285 S MASONVI	ST LLE, IA 5065	49802		3414 285 ST MASONVILLE, IA 506549802 US			
Current N	lailing Addre	ess:	New Mail	New Mailing Address:			
3414 285 ST MASONVILLE, IA 506549802				3414 285 ST MASONVILLE, IA 506549802 US			
FEI Number	: 42-1253605	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status De	sired ()	
Name and	d Address of	Current Registered Agent	Name and	Name and Address of New Registered Agent:			
The above	RSBURG, FL e named entity e of Florida.	33705 US submits this statement for the	ne purpose of changing	its registered	office or registered age	ent, or both,	
SIGNATUI	RE:						
		onic Signature of Registered	Agent	Date			
Election Ca	mpaign Financii	ng Trust Fund Contribution ().					
OFFICER	S AND DIRE	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	WELTER, FR. 3414 285 ST) Delete ANCIS , IA 506549802	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WELTER, PA		Title: Name: Address: City-St-Zip:	WELTER, PAT 618 61 AVE. S			
Title: Name: Address: City-St-Zip:	S (WELTER, DO 28611 VISTA LAGUNA NIGE	LADERAL	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	T () Delete	Title:	() Change ()Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK J WELTER VP 04/13/2009