

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000006603**

1. Entity Name  
**IRWIN TELESCOPIC SEATING COMPANY**



Principal Place of Business  
**610 EAST CUMBERLAND RD  
ALTAMONT, IL 62411**

Mailing Address  
**PO BOX 320  
ALTAMONT, IL 62411**

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**37-1173073**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STEVE WARD AND ASSOCIATES  
4424 NORTHWEST 13TH ST., STE A4  
GAINESVILLE, FL 32609**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000922576  
05/15/08-80051-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	IRWIN, EARLE S
STREET ADDRESS	1860 LAKE DR
CITY-ST-ZIP	GRAND RAPIDS, MI 49506
TITLE	S
NAME	CONNER, RUSTY
STREET ADDRESS	8898 N. 650TH ST
CITY-ST-ZIP	ALTAMONT, IL
TITLE	P
NAME	CONRAD, ERIC
STREET ADDRESS	15872 B BLUEBIRD DR
CITY-ST-ZIP	EFFINGHAM, IL 62401
TITLE	T
NAME	BROWN, VALERIE
STREET ADDRESS	810 S MAIN ST
CITY-ST-ZIP	ALTAMONT, IL 62411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Valerie Brown* **VALEKIE BROWN** 2/22/08 418-483-6157