

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000796

Entity Name: MYRPOWER, INC.

FILED  
Apr 16, 2010  
Secretary of State

## Current Principal Place of Business:

1701 GOLF RD 3-1012  
ROLLING MEADOWS, IL 60008

## New Principal Place of Business:

## Current Mailing Address:

1701 GOLF RD 3-1012  
ROLLING MEADOWS, IL 60008

## New Mailing Address:

FEI Number: 36-4361380

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: PD  
Name: KOERTNER, WILLIAM A  
Address: 1701 GOLF RD 3-1012  
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: VT  
Name: MARTINEZ, MARCO A  
Address: 1701 GOLF RD 3-1012  
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: AS  
Name: DUNCAN, ISABEL  
Address: 1701 GOLF ROAD 3-1012  
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: SDV  
Name: ENGEN, GERALD B JR  
Address: 12150 E. 112TH AVE.  
City-St-Zip: HENDERSON, CO 80640

Title: CONT  
Name: WOLF, GREGORY T  
Address: 1701 GOLF ROAD 3-1012  
City-St-Zip: ROLLING MEADOWS, IL 60008

I hereby 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 all other like empowered.

SIGNATURE: GREGORY T. WOLF

CONT

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date