

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90028 046 ***158.75

DOCUMENT # F02000000881 1. Entity Name MEA1, INC.					
Principal Place of Business 5117 UNIVERSITY AVENUE MADISON, WI 53705			Mailing Address P.O. BOX 5249 MADISON, WI 53705		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 39-2043580	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAL SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANSOM, SCOTT A 5117 UNIVERSITY AVENUE MADISON, WI	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELIN, KURTIS M 5117 UNIVERSITY AVENUE MADISON, WI	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAUNDERS, SCOTT R 5117 UNIVERSITY AVENUE MADISON, WI	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOYKE, ELI 5117 UNIVERSITY AVENUE MADISON, WI 53705	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUCHT, DAVID W 5117 UNIVERSITY AVENUE MADISON, WI	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Director Thomas Aschenbrenner 5117 University Ave Madison, WI 53705	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Kurtis Helin	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Flehmer 350 Interlocken Blvd, Suite 350 Broomfield, CO 80021	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
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		4/25/07 608-218-6245 Date Daytime Phone #			