

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005816

Entity Name: SANI-MATIC, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

932 DEVELOPMENT DRIVE
LODI, WI 53555

New Principal Place of Business:

1915 STOUGHTON RD
MADISON, WI 53716

Current Mailing Address:

932 DEVELOPMENT DRIVE
LODI, WI 53555

New Mailing Address:

PO BOX 8662
MADISON, WI 53708

FEI Number: 39-2044486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: DC () Delete
Name: HINDERAKER, PHIL
Address: 932 DEVELOPMENT DRIVE
City-St-Zip: LODI, WI 53555

Title: D () Delete
Name: MARKOS, DENNIS
Address: 932 DEVELOPMENT DRIVE
City-St-Zip: LODI, WI 53555

Title: D () Delete
Name: TAYLOR, GUS
Address: 932 DEVELOPMENT DRIVE
City-St-Zip: LODI, WI 53555

Title: D () Delete
Name: ADKINS, G. WOODROW
Address: 932 DEVELOPMENT DRIVE
City-St-Zip: LODI, WI 53555

Title: D () Delete
Name: WALSH, DAVID G
Address: 150 E. GILMAN STREET
City-St-Zip: MADISON, WI 53703

Title: D () Delete
Name: MORTENSON, LOREN
Address: 3113 W. BELTLINE HWY.
City-St-Zip: MADISON, WI 53713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: HINDERAKER, PHIL
Address: 1915 STOUGHTON RD
City-St-Zip: MADISON, WI 53716

Title: D (X) Change () Addition
Name: MARKOS, DENNIS
Address: 1915 STOUGHTON RD
City-St-Zip: MADISON, WI 53716

Title: D (X) Change () Addition
Name: TAYLOR, GUS
Address: 1915 STOUGHTON RD
City-St-Zip: MADISON, WI 53716

Title: D (X) Change () Addition
Name: ADKINS, G. WOODROW
Address: 1915 STOUGHTON RD
City-St-Zip: MADISON, WI 53716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PAT GAVIN

SEC

04/25/2006

Electronic Signature of Signing Officer or Director

Date