

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001650

Entity Name: LAFORCE, INCORPORATED

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

1060 WEST MASON STREET
GREEN BAY, WI 54303

New Principal Place of Business:

Current Mailing Address:

PO BOX 10068
GREEN BAY, WI 54307

New Mailing Address:

FEI Number: 39-0980509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFORCE, ELEANOR
2026 LAUREL OAK DRIVE
PALM CITY, FL 34990 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: VP () Delete
Name: LATOUR, MICHAEL
Address: 610 WINDING WATER WAY
City-St-Zip: DE PERE, WI 54115

Title: VP () Delete
Name: MCGLACHLIN, JEFFREY
Address: 2765 RENNYS WAY
City-St-Zip: GREEN BAY, WI 54313

Title: SEC () Delete
Name: KNIER, JOHN
Address: 1364 CASTLE ROCK
City-St-Zip: DE PERE, WI 54115

Title: T () Delete
Name: PRUSKI, JILL
Address: 1918 PIKE LANE
City-St-Zip: DE PERE, WI 54115

Title: C () Delete
Name: METZLER, KEN
Address: 2275 TORDEUR COURT
City-St-Zip: GREEN BAY, WI 54311

Title: P () Delete
Name: MANNERING, BRIAN
Address: 1425 WEXFORD LANE
City-St-Zip: GREEN BAY, WI 54313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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 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: JILL PRUSKI

T

01/30/2009

Electronic Signature of Signing Officer or Director

Date