

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000771

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: FAITH TECHNOLOGIES, INC.

**Current Principal Place of Business:**

2662 AMERICAN DRIVE  
APPLETON, WI 549149010

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 627  
APPLETON, WI 549120627

**New Mailing Address:**

FEI Number: 41-2065665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: DP ( ) Delete  
Name: STEPHENSON, ROLAND G  
Address: N7797 LAKESHORE LANE  
City-St-Zip: SHERWOOD, WI 54169

Title: DVP ( ) Delete  
Name: SCHINKE, RICHARD A JR  
Address: N7991 CARRIAGE COURT  
City-St-Zip: SHERWOOD, WI 54169

Title: DVP ( ) Delete  
Name: JANSEN, MICHAEL J  
Address: 7619 EICHER DRIVE  
City-St-Zip: SHAWNEE, KS 66217

Title: DVPT ( ) Delete  
Name: STACHOWIAK, DONALD M  
Address: 613 E. CASTLEBURY LANE  
City-St-Zip: APPLETON, WI 54913

Title: D ( ) Delete  
Name: LOVE, WILLIAM P JR  
Address: 10711 OAKCREST LANE  
City-St-Zip: OLATHE, KS 66061

Title: D ( ) Delete  
Name: GEHL, PAUL O  
Address: 203 S. 10TH STREET  
City-St-Zip: HILBERT, WI 54129

**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:

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

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 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: DONALD M. STACHOWIAK

DVPT

02/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date