

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001684

FILED
Mar 17, 2008
Secretary of State

Entity Name: GALVA FOAM MARINE INDUSTRIES - MISSOURI, INC.

Current Principal Place of Business:

436 S. STATE HWY. 7
CAMDENTON, MO 65020

New Principal Place of Business:

Current Mailing Address:

% OTTER TAIL CORPORATION/ATTN: LEGAL DEPT
PO BOX 9156
FARGO, ND 58106

New Mailing Address:

FEI Number: 43-1079583 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 323012525 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: P () Delete
Name: AHLGREN, ERIK A
Address: 1025 INTERNATIONAL DRIVE
City-St-Zip: FERGUS FALLS, MN 56538

Title: V () Delete
Name: HOGE, CHARLES
Address: 4334 18TH AVE. SW, #200
City-St-Zip: FARGO, ND 58103

Title: D () Delete
Name: MOLBERT, LAURIS N
Address: 4334 18TH AVE. SW, #200
City-St-Zip: FARGO, ND 58103

Title: T () Delete
Name: MOUG, KEVIN G
Address: 4334 18TH AVE. SW, #200
City-St-Zip: FARGO, ND 58103

Title: S () Delete
Name: KOECK, GEORGE
Address: 4334 18TH AVE. SW, #200
City-St-Zip: FARGO, ND 58103

Title: D () Delete
Name: ERICKSON, JOHN D
Address: 215 S. CASCADE ST.
City-St-Zip: FERGUS FALLS, MN 56538

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
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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: GEORGE KOECK

S

03/17/2008

Electronic Signature of Signing Officer or Director

_____ Date