

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002246

FILED
Apr 17, 2009
Secretary of State

Entity Name: ROCKFORD MERCANTILE AGENCY, INC.

Current Principal Place of Business:

2502 S. ALPINE RD
ROCKFORD, IL 61108

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5847
ROCKFORD, IL 61125

New Mailing Address:

FEI Number: 36-3863507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: DP () Delete
Name: BROWN, RICHARD L
Address: 2502 S. ALPINE RD
City-St-Zip: ROCKFORD, IL 61108

Title: DS () Delete
Name: BROWN, REBECCA L
Address: 2502 S. ALPINE RD
City-St-Zip: ROCKFORD, IL 61108

Title: V () Delete
Name: CONTI, LORETTA
Address: 2502 S. ALPINE RD
City-St-Zip: ROCKFORD, IL 61108

Title: T () Delete
Name: GYORKOS, MARGARET
Address: 2502 S. ALPINE RD
City-St-Zip: ROCKFORD, IL 61108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: MILLER, DANIELLE
Address: 2502 S. ALPINE RD
City-St-Zip: ROCKFORD, IL 61108

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: RICHARD L. BROWN

CP

04/17/2009

Electronic Signature of Signing Officer or Director

Date