2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# F04000004604

Entity Name: CLIMAX PORTABLE MACHINE TOOLS, INC.

Current Principal Place of Business:

2712 E. SECOND ST.
NEWBERG, OR 97132

New Principal Place of Business:

Current Mailing Address:

2712 E. SECOND ST.
NEWBERG, OR 97132

New Mailing Address:

FEI Number: 93-0553883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.,
SUITE A
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:	P	( ) Delete
Name:	GILMORE, GEOFFREY	
Address:	2712 E. 2ND ST	
City-St-Zip:	NEWBERG, OR 97132	
Title:	VP	( ) Delete
Name:	RENTZ, LAWRENCE	
Address:	2712 E. 2ND ST	
City-St-Zip:	NEWBERG, OR 97132	
Title:	D	( ) Delete
Name:	DONNELLY, JAMES C	
Address:	22017 SYCAMORE GROVE	
City-St-Zip:	BONITA SPRINGS, FL 341358146	
Title:	D	( ) Delete
Name:	LIEBERMANN, THOMAS R	
Address:	146 HESPERUS AVE	
City-St-Zip:	MAGNOLIA, MA 01930	
Title:	D	( ) Delete
Name:	GOSS, HOWARD S	
Address:	620 ORCHARD LANE	
City-St-Zip:	GLENCOE, IL 60022	
Title:	D	( ) Delete
Name:	BAILEY, MICHAEL R	
Address:	950 W. VALLEY RD., STE. 2900	
City-St-Zip:	WAYNE, PA 19087	

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: RANDALL A. REED TREA 06/24/2009

Electronic Signature of Signing Officer or Director — Date