

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000448

Entity Name: WENGER CORPORATION

FILED  
Jan 28, 2009  
Secretary of State

## Current Principal Place of Business:

555 PARK DRIVE  
OWATONNA, MN 55060

## New Principal Place of Business:

## Current Mailing Address:

555 PARK DRIVE  
OWATONNA, MN 55060

## New Mailing Address:

FEI Number: 41-0759858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 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: BEER, BILL  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55060

Title: V ( ) Delete  
Name: CARSTENSEN, JERRY  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55060

Title: AS ( ) Delete  
Name: PAULSON, BRIAN  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55060

Title: T ( ) Delete  
Name: PIZEL, KEN  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55060

Title: VC ( ) Delete  
Name: MCBURNEY, TOM  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55049

Title: C ( ) Delete  
Name: DOLAN, JANET  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55049

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change ( ) Addition  
Name: SMITH, MARYANN  
Address: 555 PARK DRIVE  
City-St-Zip: OWATONNA, MN 55060

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: MARY ANN SMITH

AS

01/28/2009

Electronic Signature of Signing Officer or Director

Date