

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003709

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CDC CORPORATION (WISCONSIN)

## Current Principal Place of Business:

800 GUSTAFSON ROAD  
LADYSMITH, WI 54848

## New Principal Place of Business:

## Current Mailing Address:

ONE OWENS CORNING PKWY.  
TOLEDO, OH 43659

## New Mailing Address:

FEI Number: 39-1830456

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: P ( ) Delete  
Name: EIGEL, DAN  
Address: ONE OWENS CORNING PKWY  
City-St-Zip: TOLEDO, OH 43659

Title: S ( ) Delete  
Name: KRULL, STEPHEN K  
Address: ONE OWENS CORNING PKWY  
City-St-Zip: TOLEDO, OH 43659

Title: T ( ) Delete  
Name: THAN, RALPH A  
Address: ONE OWENS CORNING PKWY  
City-St-Zip: TOLEDO, OH 43659

Title: D ( ) Delete  
Name: RABUANO, DAVID  
Address: ONE OWENS CORNING PKWY  
City-St-Zip: TOLEDO, OH 43659

Title: VP ( ) Delete  
Name: MIKELONIS, JOSEPH J  
Address: ONE OWENS CORNING PKWY.  
City-St-Zip: TOLEDO, OH 43659

Title: D ( ) Delete  
Name: THAMAN, MICHAEL H  
Address: ONE OWENS CORNING PKWY.  
City-St-Zip: TOLEDO, OH 43659

## 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: JOE MIKELONIS

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date