

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000096

FILED
Jan 19, 2009
Secretary of State

Entity Name: COOPERATIVE RESPONSE CENTER, INC.

Current Principal Place of Business:

2000 8TH STREET NW
AUSTIN, MN 55912

New Principal Place of Business:

Current Mailing Address:

2000 8TH STREET NW
AUSTIN, MN 55912

New Mailing Address:

FEI Number: 41-1733551

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 DRIVE SUITE 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: C () Delete
Name: METHENY, ROBERT
Address: PO BOX 31
City-St-Zip: SOUTH PITTSBURG, TN 37380

Title: T () Delete
Name: BRADSHAW, M DALE
Address: PO BOX 168
City-St-Zip: WAVERLY, VA 23890

Title: S () Delete
Name: HENDRICKSON, DALE E
Address: 550 ASLO AVE NE
City-St-Zip: WADENA, MN 56482

Title: D () Delete
Name: PENSKE, TODD M
Address: 2000 8TH STREET NW
City-St-Zip: AUSTIN, MN 55912

Title: VC () Delete
Name: RITCHEY, KENNETH
Address: US 2315
City-St-Zip: LINDEN, IN 47955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MATHENY, ROBERT
Address: PO BOX 31
City-St-Zip: SOUTH PITTSBURG, TN 37380

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

Title: S (X) Change () Addition
Name: HENDRICKSON, DALE E
Address: 550 ASH AVE NE
City-St-Zip: WADENA, MN 56482

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

Title: VC (X) Change () Addition
Name: RITCHEY, KENNETH
Address: US 231 SOUTH
City-St-Zip: LINDEN, IN 47955

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: TODD M PENSKE, PRESIDENT/CEO

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date