

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90167 001 \*\*\*300.00

**DOCUMENT # F06000000868**

1. Entity Name  
**ARGO TRACKER CORPORATION**



Principal Place of Business  
**3280 E HEMISPHERE LOOP STE 190  
TUCSON, AZ 85706**

Mailing Address  
**3280 E HEMISPHERE LOOP STE 190  
TUCSON, AZ 85706**

**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**77-0657139**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIPSCOMB, MICHAEL S 23555 EUCLID AVE CLEVEALND, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONFAR, THOMAS 905 PUESTA DEL SOL THOUSAND OAKS, CA 91360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMONS, MICHAEL J 3280 E HEMISPHERE LOOP STE 190 TUCSON, AZ 85706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEEN, PAUL 23555 EUCLID AVENUE CLEVELAND, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita A. Koroluk RITA A. KOROLUK 2-21-07 216-692-7117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CORPORATE CONTROLLER Date Daytime Phone #