2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001173

Entity Name: BARD MFG, INC.

FILED Feb 23, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1914 RANDOLPH DRIVE BRYAN, OH 43506					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1914 RANDOLPH DRIVE BRYAN, OH 43506					
FEI Number: 76-0816472 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C ()[STEEL, WILLIAN 1914 RANDOLPH BRYAN, OH 435	H DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC ()EBARD, SCOTT 1914 RANDOLPH BRYAN, OH 435		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E HOWICK, GEOR 11551 N LAKESI JEROME, MI 49	DE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BURSON, JOHN	OUSE SQUARE 1000 JACKSON	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () E LEHMAN, MICHA 1914 RANDOLPH BRYAN, OH 435	1 DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [MATZ, PAUL 1914 RANDOLPH BRYAN, OH 435		Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the 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					

SIGNATURE: PAUL MATZ VP 02/23/2007

above, or on an attachment with an address, with all other like empowered.