2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002071

Entity Name: DIRECTECH MDU, INC.

FILED Jul 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
33 WEST SECOND STREET SUITE 504 MAYSVILLE, KY 41056				9449 SCIENCE CENTER DRIVE NEW HOPE, MN 55428		
Current Mailing Address:				New Mailing Address:		
33 WEST SECOND STREET SUITE 504 MAYSVILLE, KY 41056			9449 SCIENCE CENTER DRIVE NEW HOPE, MN 55428			
FEI Number:	20-4352918	FEI Number Applied For ()	FEI Num	nber Not Appli	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name					d 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.						
SIGNATUR		Signature of Registered Agent			Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	J. BASIL MATTIN	ND STREET #504		Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition MANDEL, JIM 9449 SCIENCE CENTER DRIVE NEW HOPE, MN 55428	
Title: Name: Address: City-St-Zip:	DCOO () I BEAUDREAU, TH 615 ROMA VALL FT. COLLINS, CO	EY ROAD		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition BELL, STEVE 9449 SCIENCE CENTER DRIVE NEW HOPE, MN 55428	
Title: Name: Address: City-St-Zip:	SD (X) JOHANSON, DAV 1792 SECOND S NAPA, CA 94559	TREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X) BLOCK, HENRY 2185 EAST REM MT. PLEASANT,	US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X) SCHAFER, BERI 2185 EAST REM MT. PLEASANT,	US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALLINGFORD,	ND STREET #504		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STEVE BELL TD 07/01/2009