

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003002

FILED
Apr 20, 2010
Secretary of State

Entity Name: FOLZ VENDING, INC.

Current Principal Place of Business:

397 S TAYLOR AVE
LOUISVILLE, CO 800273027

New Principal Place of Business:

Current Mailing Address:

397 S TAYLOR AVE
LOUISVILLE, CO 800273027

New Mailing Address:

FEI Number: 04-3740974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: WALL, KEVIN J
Address: 397 S TAYLOR AVE
City-St-Zip: LOUISVILLE, CO 800273027

Title: VP
Name: LEWIS, WILLIAM
Address: 397 S. TAYLOR AVE.
City-St-Zip: LOUISVILLE, CO 800273027

Title: S
Name: GERHARDT II, RICHARD L
Address: 397 S TAYLOR AVE
City-St-Zip: LOUISVILLE, CO 800273027

Title: D
Name: WALL, KEVIN J
Address: 397 S TAYLOR AVE
City-St-Zip: COLORADO, CO 800273027

Title: D
Name: LEWSI, WILLIAM
Address: 397 S TAYLOR AVE
City-St-Zip: COLORADO, CO 800273027

Title: D
Name: GERHARDT II, RICHARD L
Address: 397 S. TAYLOR AVE.
City-St-Zip: LOUISVILLE, CO 80027 US

I hereby 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 all other like empowered.

SIGNATURE: KEVIN J WALL

P

04/20/2010

Electronic Signature of Signing Officer or Director

Date