

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004429

Entity Name: HARD DOLLAR CORPORATION

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

9977 N 90TH ST STE 200
SCOTTSDALE, AZ 85258

New Principal Place of Business:

Current Mailing Address:

9977 N 90TH ST STE 200
SCOTTSDALE, AZ 85258

New Mailing Address:

FEI Number: 20-1117694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: NICHOLAS, DOUG
Address: 9977 N 90TH ST STE 200
City-St-Zip: SCOTTSDALE, AZ 85258

Title: D () Delete
Name: L'HEUREUX, ODELL
Address: 9290 E THOMPSON PEAK PKWY #130
City-St-Zip: SCOTTSDALE, AZ 85255

Title: P () Delete
Name: CLAGUE, ALISTAIR
Address: 9977 N 90TH ST STE 200
City-St-Zip: SCOTTSDALE, AZ 85258

Title: ST () Delete
Name: MICHALICEK, STEVEN
Address: 211 FIRST AVE SE
City-St-Zip: CEDAR RAPIDS, IA 52401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALISTAIR CLAGUE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date