

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005469

Entity Name: SHIVE-HATTERY, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

201 THIRD AVE. SE, STE. 500
CEDAR RAPIDS, IA 52401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1599
CEDAR RAPIDS, IA 52406

New Mailing Address:

FEI Number: 42-0870172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: CPD () Delete
Name: HAYDEN, THOMAS M.
Address: 3123 PINNEY WOODS LANE SE
City-St-Zip: CEDAR RAPIDS, IA 52403

Title: ST () Delete
Name: BAUMLER, CONRAD
Address: 7221 HAMPSHIRE DR. NE
City-St-Zip: CEDAR RAPIDS, FL 52402

Title: VD () Delete
Name: KAMMERER, MICHAEL L.
Address: 2801 EP TRUE PARKWAY, #1005
City-St-Zip: WEST DES MOINES, IA 50265

Title: V () Delete
Name: MOORE, DALE E.
Address: 3117 ALLEGHANY DR. NE
City-St-Zip: CEDAR RAPIDS, FL 52402

Title: V () Delete
Name: LARSON, PHILLIP S.
Address: 616 MANOR DR.
City-St-Zip: IOWA CITY, IA 52246

Title: VD () Delete
Name: SCHEIBE, MYRON K.
Address: 27015 GLYNN CREEK CT.
City-St-Zip: ELDRIDGE, IA 52748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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: CONRAD R BAUMLER

SECY

01/14/2009

Electronic Signature of Signing Officer or Director

Date