

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006452

FILED
Jan 04, 2011
Secretary of State

Entity Name: BACHMANN INDUSTRIES, INC.

Current Principal Place of Business:

416 LEWISTON JUNCTION RD.
AUBURN, ME 04210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2150
AUBURN, ME 042112150

New Mailing Address:

FEI Number: 01-0470478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: KOCH, WILLIAM F CHRM
Address: 416 LEWISTON JUNCTION RD. P O BOX 2150
City-St-Zip: AUBURN, ME 042102150

Title: VCHR
Name: BARTELS, FRANZ VCHR
Address: SCHILLWIESE 20
City-St-Zip: D-46485 WESEL GERMANY, DE

Title: PT
Name: KOCH, WILLIAM F PT
Address: 416 LEWISTON JUNCTION RD. P O BOX 2150
City-St-Zip: AUBURN, ME 04210

Title: VCOO
Name: SELLINGER, MICHAEL R VCOO
Address: 416 LEWISTON JUNCTION RD. P O BOX 2150
City-St-Zip: AUBURN, ME 04210

Title: D
Name: DENCH, BRYAN M CLERK
Address: 95 MAIN ST. P.O. BOX 32100
City-St-Zip: AUBURN, ME 042113210

Title: D
Name: GAUTHIER, RAELENE CONTROL
Address: 416 LEWISTON JUNCTION RD.
City-St-Zip: AUBURN, ME 04210

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: RAELENE GAUTHIER

CONT

01/04/2011

Electronic Signature of Signing Officer or Director

Date