## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007556

Name:

Address: City-St-Zip:

Entity Name: CURT MANUFACTURING, INC.

FILED Mar 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6208 INDUSTRIAL DR EAU CLAIRE, WI 54701 **Current Mailing Address: New Mailing Address:** 6208 INDUSTRIAL DR EAU CLAIRE, WI 54701 FEI Number: 39-1803196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUER, JESSE R 11715 RAINDROP RD JACKSONVILLE, FL 32219 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TAMBORNINO, CURT J Name: Name: 6208 INDUSTRIAL DR Address: Address: City-St-Zip: EAU CLAIRE, WI 54701 City-St-Zip: Title: VCVP Title: () Delete () Change () Addition TAMBORNINO, TAMMY L Name: Name: 6208 INDUSTRIAL DR Address: Address: EAU CLAIRE, WI 54701 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CALLOWAY, DAVID C Name: Name: 6208 INDUSTRIAL DR Address: Address: City-St-Zip: EAU CLAIRE, WI 54701 City-St-Zip: Title: () Delete Title: () Change () Addition ROEMER, ROBERT K Name: Name: Address: 6208 INDUSTRIAL DR Address: City-St-Zip: EAU CLAIRE, WI 54701 City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

HOOKS, GREGORY C

6208 INDUSTRIAL DRIVE

EAU CLAIRE, WI 54701

SIGNATURE: ROBERT K ROEMER ST 03/15/2007