

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007844

Entity Name: LEHMAN TRIKES USA, INC.

FILED  
May 16, 2008  
Secretary of State

## Current Principal Place of Business:

125 INDUSTRIAL DRIVE  
SPEARFISH, SD 57783

## New Principal Place of Business:

## Current Mailing Address:

125 INDUSTRIAL DRIVE  
SPEARFISH, SD 57783

## New Mailing Address:

FEI Number: 68-0536003

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: BROWN, LES  
Address: BOX 6203  
City-St-Zip: HINTON, AB T7V 1X5 CANADA,

Title: D ( ) Delete  
Name: STRILCHUK, LARRY  
Address: 9303-110A STREET  
City-St-Zip: WEST LOCK AB T7P 2M5 CANADA,

Title: D ( ) Delete  
Name: LEHMAN, JOHN  
Address: 125 INDUSTRIAL DRIVE  
City-St-Zip: SPEARFISH, SD 57783

Title: P ( ) Delete  
Name: PATTERSON, DAN  
Address: 1877 A HWY 14 SOUTH  
City-St-Zip: GRERER, SC 29650

Title: V ( ) Delete  
Name: HINES, KEN  
Address: 125 INDUSTRIAL DRIVE  
City-St-Zip: SPEARFISH, SD 57783

Title: ST ( ) Delete  
Name: KLING, TIMOTHY C  
Address: 125 INDUSTRIAL DRIVE  
City-St-Zip: SPEARFISH, SD 57783

## 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:

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: TIMOTHY KLING

ST

05/16/2008

Electronic Signature of Signing Officer or Director

Date