

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007844

Entity Name: LEHMAN TRIKES USA, INC.

FILED
Mar 04, 2009
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

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 C. KLING

ST

03/04/2009

Electronic Signature of Signing Officer or Director

Date