

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001219

FILED
Jan 10, 2011
Secretary of State

Entity Name: SUPER EXCAVATORS, INC.

Current Principal Place of Business:

N59 W 14601 BOBOLINK AVE.
MENOMONEE FALLS, WI 53051

New Principal Place of Business:

Current Mailing Address:

N59 W 14601 BOBOLINK AVE.
MENOMONEE FALLS, WI 53051

New Mailing Address:

FEI Number: 39-1050777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
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

OFFICERS AND DIRECTORS:

Title: C
Name: WEAKLY, JEFFREY L
Address: N59 W 14601 BOBOLINK AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: VCV
Name: SCHRAUFNAGEL, PETER J
Address: N59 W 14601 BOBOLINK AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D
Name: SCHRAUFNAGEL, STEVEN A
Address: N59 W 14601 BOBOLINK AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: TD
Name: SCHRAUFNAGEL, KENNETH R
Address: N59 W 14601 BOBOLINK AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: P
Name: WEAKLY, JEFFREY L
Address: N59 W 14601 BOBOLINK AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: SCFO
Name: WILCOX, MARY J
Address: N59W14601 BOBOLINK AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

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: MARY J WILCOX

SCFO

01/10/2011

Electronic Signature of Signing Officer or Director

Date