

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003858

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: APEX ENGINEERING SERVICES, INC.

**Current Principal Place of Business:**

2300 REGENT STREET SUITE 207  
MISSOULA, MT 59801

**New Principal Place of Business:**

**Current Mailing Address:**

2300 REGENT STREET SUITE 207  
MISSOULA, MT 59801

**New Mailing Address:**

FEI Number: 20-2618771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 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: DPT ( ) Delete  
Name: ROBERTS, J. DAVID  
Address: 5187 FOREST HILL LANE  
City-St-Zip: MISSOULA, MT 59804

Title: DV ( ) Delete  
Name: SCHNEIDER, JASON D  
Address: 3311 NORTH HALLMARK  
City-St-Zip: MISSOULA, MT 59801

Title: S ( ) Delete  
Name: NOWLEN, KRISTIE L  
Address: 11575 POLE CAT ROAD  
City-St-Zip: MISSOULA, MT 59808

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: DV ( ) Change (X) Addition  
Name: ANDERSON, MATTHEW R  
Address: 140 THATCH WOOD LANE  
City-St-Zip: BOZEMAN, MT 59718

Title: DV ( ) Change (X) Addition  
Name: JOHNSON, JEFFREY J  
Address: 2464 BEAR CANYON ROAD  
City-St-Zip: BOZEMAN, MT 59715

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: KRISTIE L NOWLEN

S

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date