2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004744

Entity Name: DIRECT SUPPLY OF WISCONSIN, INC.

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DUSTRIAL RI EE, WI 53223				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DUSTRIAL RI EE, WI 53223				
FEI Number:	39-1519806	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:	
1203 GOVE		CORPORATED UARE BLVD., STE. 101 001 US			
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BELLIN, ROBE 1000 N. WATE MILWAUKEE,	R ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVP (DUNHAM, THC 7505 CHESTN PROSPECT, K	UT HILL DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (FOLTZ, LINDA 6070 PENINSU NASHOTAH, W	JLA DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WEIKEL, M. K 3 RIVERHILLS TOLEDO, OH	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVP (KLEIN, ROBER 6767 N. INDUS MILWAUKEE,	STRIAL RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVP (DENMAN, COR 6767 N. INDUS MILWAUKEE,	STRIAL RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT H KLEIN, JR. VP 06/17/2009