

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001996

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: NORTRAX, INC.

## Current Principal Place of Business:

2020 52ND AVE  
MOLINE, IL 61265

## New Principal Place of Business:

## Current Mailing Address:

2020 52ND AVE  
MOLINE, IL 61265

## New Mailing Address:

FEI Number: 36-4485436      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: D ( ) Delete  
Name: RUCCOLO, DOMENIC G  
Address: 1515 5TH AVE  
City-St-Zip: MOLINE, IL 61265

Title: P ( ) Delete  
Name: MURPHY, TIMOTHY J  
Address: 3504 OAKWOOD MALL DR  
City-St-Zip: EAU CLAIRE, WI 54701

Title: VPS ( ) Delete  
Name: STEPHENS, KENNETH  
Address: 2020 52ND AVE  
City-St-Zip: MOLINE, IL 61265

Title: T ( ) Delete  
Name: MACK, MICHAEL J  
Address: ONE JOHN DEERE PLACE  
City-St-Zip: MOLINE, IL 61265

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: MURPHY, TIMOTHY J  
Address: 2020 52ND AVE.  
City-St-Zip: MOLINE, IL 61265

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS ( ) Change (X) Addition  
Name: JARRETT, THOMAS K  
Address: ONE JOHN DEERE PLACE  
City-St-Zip: MOLINE, IL 61265

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: THOMAS K. JARRETT

AS

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date