

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000001996

Entity Name: NORTRAX, INC.

**FILED**  
**Nov 01, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2020 52ND AVE  
MOLINE, IL 61265

## **New Principal Place of Business:**

4042 PARK OAKS BLVD  
SUITE 200  
TAMPA, FL 33610

## **Current Mailing Address:**

2020 52ND AVE  
MOLINE, IL 61265

## **New Mailing Address:**

4042 PARK OAKS BLVD  
SUITE 200  
TAMPA, FL 33610

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

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: RUCCOLO, DOMENIC G  
Address: 1515 5TH AVE  
City-St-Zip: MOLINE, IL 61265

Title: P  
Name: MURPHY, TIMOTHY J  
Address: 4042 PARK OAKS BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33610

Title: VP  
Name: RICHMOND, BEN  
Address: 4042 PARK OAKS BLVD. SUITE 200  
City-St-Zip: TAMPA, FL 33610

Title: AT  
Name: MACK, MICHAEL J  
Address: ONE JOHN DEERE PLACE  
City-St-Zip: MOLINE, IL 61265

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

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: BEN RICHMOND

VP

11/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date