2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# F08000004589

Entity Name: GEA NORBCO, INC.

Current Principal Place of Business:

4754 STATE ROUTE 233
WESTMORELAND, NY 13490

New Principal Place of Business:

Current Mailing Address:

4754 STATE ROUTE 233
WESTMORELAND, NY 13490

New Mailing Address:

FEI Number: 16-1335011 **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: PD ( ) Delete
Name: THOMAS, DENNIS
Address: 4754 STATE ROUTE 233
City-St-Zip: WESTMORELAND, NY 13490

Title: VPD ( ) Delete
Name: TAYLOR, CATHERINE
Address: 4754 STATE ROUTE 233
City-St-Zip: WESTMORELAND, NY 13490

Title: CFO ( ) Delete
Name: TAYLOR, CATHERINE
Address: 4754 STATE ROUTE 233
City-St-Zip: WESTMORELAND, NY 13490

Title: D ( ) Delete
Name: FOSTER, VERN
Address: 4754 STATE ROUTE 233
City-St-Zip: WESTMORELAND, NY 13490

Title: ST ( ) Delete
Name: MCCURDY, RAY
Address: 4754 STATE ROUTE 233
City-St-Zip: WESTMORELAND, NY 13490

Title: D (X) Delete
Name: HEJNAL, DIRK
Address: 4754 STATE ROUTE 233
City-St-Zip: WESTMORELAND, NY 13490

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: D (X) Change ( ) Addition
Name: FOSTER, VERN
Address: 1880 COUNTRY FARM DR.
City-St-Zip: NAPERVILLE, IL 60563

Title: DST (X) Change ( ) Addition
Name: FERRY, PATRICK
Address: 1880 COUNTRY FARM DR.
City-St-Zip: NAPERVILLE, IL 60563

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

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: CATHERINE TAYLOR CFO 02/24/2009

Electronic Signature of Signing Officer or Director — Date