

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002688

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** NOVAK CONSULTING GROUP, INC.

**Current Principal Place of Business:**

210 GLENMARY AVE.  
CINCINNATI, OH 45220

**New Principal Place of Business:**

**Current Mailing Address:**

124 RIVER DR.  
APPLETON, WI 54915

**New Mailing Address:**

**FEI Number:** 26-3977506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: C  
Name: STOECKLE, MARILYN  
Address: 5346 WERK ROAD  
City-St-Zip: CINCINNATI, OH 45248

Title: D  
Name: FERGUSON, MICHELLE  
Address: 824 DALE STREET  
City-St-Zip: HENDERSONVILLE, NC 28739

Title: D  
Name: BALLINGER, TIMOTHY D  
Address: 9967 WEXFORD WAY  
City-St-Zip: CINCINNATI, OH 45251

Title: PD  
Name: NOVAK, JULIA D  
Address: 210 GLENMARY AVE.  
City-St-Zip: CINCINNATI, OH 45220

Title: STD  
Name: VACLAVIK, DAVID J  
Address: 124 RIVER DR  
City-St-Zip: APPLETON, WI 54915

Title: VP  
Name: NOVAK, JOSEPH  
Address: 210 GLENMARY AVE.  
City-St-Zip: CINCINNATI, OH 45220

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: JULIA D. NOVAK

MRS.

02/15/2011

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

\_\_\_\_\_  
Date