

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003359

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ACTION PRODUCTS MARKETING CORP.

**Current Principal Place of Business:**

6250 NW BEAVER DR., SUITE 1  
JOHNSTON, IA 50131

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 555  
JOHNSTON, IA 50131

**New Mailing Address:**

**FEI Number:** 42-1321288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOOK, WILLIAM E  
11269 WINE PALM RD.  
FT. MYERS, FL 33966 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:** CP  
**Name:** SHOOK, WILLIAM E  
**Address:** 11269 WINE PALM RD.  
**City-St-Zip:** FT. MYERS, FL 33966

**Title:** VPT  
**Name:** WALKER, KEITH R  
**Address:** 6701 NW 97TH STREET  
**City-St-Zip:** JOHNSTON, IA 50131 US

**Title:** VPS  
**Name:** TOKAR, VALERY  
**Address:** 12608 FLINT STREET  
**City-St-Zip:** OVERLAND PARK, KS 66213

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:** KEITH R. WALKER

VPT

02/07/2012

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

\_\_\_\_\_  
Date