

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 036 ***150.00

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1. Entity Name
D V TECHNOLOGIES, INC.



Principal Place of Business

838 1ST ST NW
CEDAR RAPIDS, IA 52405 US

Mailing Address

PO BOX 74042
CEDAR RAPIDS, IA 52407 US



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number

42-1392652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLOOMHALL, JOHN C
STREET ADDRESS	838 1ST ST NW
CITY-ST-ZIP	CEDAR RAPIDS, IA 52405
TITLE	S
NAME	FAGANEL, PAUL R
STREET ADDRESS	838 1ST ST NW
CITY-ST-ZIP	CEDAR RAPIDS, IA 52405
TITLE	V
NAME	BLOOMHALL, WILLIAM A
STREET ADDRESS	838 1ST STREET NW
CITY-ST-ZIP	CEDAR RAPIDS, IA 52405
TITLE	V
NAME	LUSSEN, DAVID B
STREET ADDRESS	838 1ST STREET NW
CITY-ST-ZIP	CEDAR RAPIDS, IA 52405
TITLE	T
NAME	CANNON, JEFFREY J
STREET ADDRESS	838 1ST STREET NW
CITY-ST-ZIP	CEDAR RAPIDS, IA 52405
TITLE	VP Finance
NAME	Lussen, Dave
STREET ADDRESS	838 1st St NW
CITY-ST-ZIP	Cedar Rapids, Ia 52405

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dave Lussen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

Date

(319) 846-7655

Daytime Phone #