2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003479

Entity Name: MACK OIL CORPORATION OF WISCONSIN

FILED May 19, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
7721 OUTER DRIVE SOUTH TRAVERSE CITY, MI 49684 US					
Current Mailing Address:			New Mailing Address:		
7721 OUTER DRIVE SOUTH TRAVERSE CITY, MI 49684 US					
FEI Number: 3	39-1098570 FE	El Number Applied For () FEI Nu	ımber Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHESEMAN, MIKE 4155 GUMBO LIMBO CT BONITA SPRINGS, FL 34134 US					
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 Si	ignature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () Dele MACK, JOHN W 7721 OUTER DRIVE TRAVERSE CITY, M	SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Dele MACK, MICHAEL 1414 LONG LAKE R TRAVERSE CITY, M	OAD	Title: Name: Address: City-St-Zip:	V (X) Change () Addition MACK, MICHAEL 1404 N SOUTH LONG LAKE ROAD TRAVERSE CITY, MI 49684	
Title: Name: Address: City-St-Zip:	S () Dele MACK, ROBERT 9427 ODELL ROAD WILLIAMSBURG, MI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Dele MACK, JOHN W III 3753 APOLLO TRAVERSE CITY, M		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele MACK, JOYCE 7721 OUTER DRIVE TRAVERSE CITY, M	SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele MACK, PAT 1300 S LONG LAKE TRAVERSE CITY, M	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
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					

SIGNATURE: MICHAEL MACK VP 05/19/2009

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.