

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001136

FILED
Apr 10, 2009
Secretary of State

Entity Name: BORDER STATES INDUSTRIES, INC.

Current Principal Place of Business:

105-25TH STREET NORTH
FARGO, ND 58102 US

New Principal Place of Business:

105 25TH STREET NORTH
FARGO, ND 58102 US

Current Mailing Address:

P.O. BOX 2767
FARGO, ND 581082767 US

New Mailing Address:

FEI Number: 45-0275004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: V/D () Delete
Name: THRALL, GREG B
Address: 2658 MEADOW CREEK CIRCLE
City-St-Zip: FARGO, ND 581047111 US

Title: C/D () Delete
Name: MILLER, TAMMY J
Address: 1353 HIGHT POINTE DRIVE
City-St-Zip: FARGO, ND 581022667 US

Title: V/D () Delete
Name: EDDLEMAN, MATTHEW S
Address: 5935 W QUESTA DRIVE
City-St-Zip: GLENDALE, AZ 853102762 US

Title: V () Delete
Name: SILBERNAGEL, LEX
Address: 11 PRAIREWOOD DR
City-St-Zip: FARGO, ND 58103

Title: V () Delete
Name: BECKER, BRIAN
Address: 5601 33RD ST SW
City-St-Zip: FRONTIER, ND 58104 US

Title: P/D () Delete
Name: MILLER, GARY
Address: 4813 MEADOW CREEK CIRCLE
City-St-Zip: FARGO, ND 581047115 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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

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: BRIAN BECKER

V

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date