

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001404

Entity Name: MONTANA PRODUCTS, INC.

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

9287 SMUCKER ROAD
ORRVILLE, OH 44667

New Principal Place of Business:

Current Mailing Address:

9287 SMUCKER ROAD
ORRVILLE, OH 44667

New Mailing Address:

FEI Number: 34-1209518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: PRES () Delete
Name: OLSZAK, ROBERT
Address: 10117 DEER RUN
City-St-Zip: BRECKSVILLE, OH 44141

Title: CEO () Delete
Name: PETERSON, NANCY J
Address: 4304 HUNTINGTON WOODS
City-St-Zip: WOOSTER, OH 44691

Title: VPRD () Delete
Name: ANDREWS, JEFF
Address: 8793 CEDAR VALLEY ROAD
City-St-Zip: WEST SALEM, OH 44287

Title: VPP (X) Delete
Name: PETERSON, MALCOLM W
Address: 6610 RICE HILL ROAD
City-St-Zip: BURBANK, OH 44214

Title: DOF () Delete
Name: JONES, CLAY D
Address: 411 TOWNSHIP ROAD 1600
City-St-Zip: JEROMESVILLE, OH 44840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: OLSZAK, ROBERT
Address: 10117 DEER RUN
City-St-Zip: BRECKSVILLE, OH 44141

Title: CEO (X) Change () Addition
Name: WOOD, STRATH
Address: 9287 SMUCKER ROAD
City-St-Zip: ORRVILLE, OH 44667

Title: VPRD (X) Change () Addition
Name: HALL, MIKE
Address: 9287 SMUCKER ROAD
City-St-Zip: ORRVILLE, OH 44667

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: CLAY JONES

DOF

08/29/2007

Electronic Signature of Signing Officer or Director

Date