2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005529

Entity Name: LANGE TRADING COMPANY, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
755 APPLE SPRINGFIE	ORCHARD ELD, IL 62703				
Current Mailing Address:			New Mailing Address:		
P.O. BOX 19261 SPRINGFIELD, IL 627949261					
FEI Number: 8	86-0696909	FEI Number Applied For () FEI Nur	nber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MEUERS, LAWRENCE H 2590 GOLDEN GATE PARKWAY SUITE 109 NAPLES, FL 33942 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:					
		Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	D () E GAY, FARRELL O 755 APPLE ORC SPRINGFIELD, II	HARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVPD () E SMITH, MICHAEL 1612 CRESSA C SPRINGFIELD, II	RT	Title: Name: Address: City-St-Zip:	EVPD (X) Change () Addition SMITH, MICHAEL E 755 APPLE ORCHARD ROAD SPRINGFIELD, IL 62703	
	CPD () E GUMPERT, FILM 444 TRILBEY CT NOBLESVILLE, II	ORE W	Title: Name: Address: City-St-Zip:	CPD (X) Change () Addition GUMPERT, FILMORE W 755 APPLE ORCHARD ROAD SPRINGFIELD, IL 62703	
Title: Name: Address: City-St-Zip:	SVPD () E GRISWOLD, JIM 66 VIA VERDE WICHITA, KS 67	MY	Title: Name: Address: City-St-Zip:	SVPD (X) Change () Addition GRISWOLD, JIMMY 755 APPLE ORCHARD ROAD SPRINGFIELD, IL 62703	
Title: Name: Address: City-St-Zip:	SVPD () ERUBIN, BRUCE 755 APPLE ORC SPRINGFIELD, II		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST ()E SEELBACH, HUG 755 APPLE ORC SPRINGFIELD, II	HARD	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 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: LISA C. DOWNEY ACON 03/23/2009