


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F9600000492**

1. Entity Name  
**GR COMPRESSORS, INC.**



Principal Place of Business 19-35 HAZEN ST E ELMHURST, NY 11370	Mailing Address 5757 N GREN BAY AVE X-81 MILWAUKEE, WI 53209
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2382432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MYERS, C. DAVID 5757 GREEN BAY AVE MILWAUKEE, WI 53209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OKARMA, JEROME 1740 WYNDHAM DRIVE SOUTH YORK, PA 17403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VOLTOLINA, FRANK 317 W. TIMONIUM RD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OKARMA, JEROME 915 UPLAND RD YORK, PA 17403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000749150  
 05/18/07-80011-011 150.00

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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 Part 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Designation of Authority 4/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone