

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F96000000492

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**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2382432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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05/18/07-80011-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Designation of Authority 4/23/07
Attached