


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90034 009 ***150.00

DOCUMENT # F96000000492 1. Entity Name GR COMPRESSORS, INC.					
Principal Place of Business 1025 HAZEN ST SCOTTSDALE, AZ 85260			Mailing Address 5757 N GREN BAY AVE X-81 MILWAUKEE, WI 53209		
2. Principal Place of Business - No P.O. Box # 507 E. Michigan St.			3. Mailing Address Suite, Apt. #, etc. City & State Milwaukee, WI 53202		
Suite, Apt. #, etc. City & State Milwaukee, WI 53202			Suite, Apt. #, etc. City & State Milwaukee, WI 53202		
Zip 53202			Country USA		
4. FEI Number 11-2382432			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 507 E. Michigan St. Milwaukee, WI 53202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OKARMA, JEROME 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5757 N. Green Bay Ave. Milwaukee, WI 53209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOLTOLINA, FRANK 1111 W. TILLOTSON RD MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5757 N. Green Bay Ave. Milwaukee, WI 53209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OKARMA, JEROME 1111 W. TILLOTSON RD MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5757 N. Green Bay Ave. Milwaukee, WI 53209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Keith Wandell 1111 W. TILLOTSON RD MILWAUKEE, WI 53203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5757 N. Green Bay Ave. Milwaukee, WI 53209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/11/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
_____			414-524-1200		
_____			Daytime Phone #		