
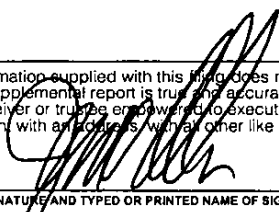


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 DELRIDG, NC 27830		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.		Suite, Apt. #, etc.			
City & State Milwaukee, WI		City & State		4. FEI Number 11-2382432	
Zip 53202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, C. DAVID	NAME	507 E. Michigan St.		
STREET ADDRESS	5757 GREEN BAY AVE	STREET ADDRESS	Milwaukee, WI 53202		
CITY-ST-ZIP	MILWAUKEE, WI 53209	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OKARMA, JEROME	NAME	5757 N. Green Bay Ave.		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	STREET ADDRESS	Milwaukee, WI 53209		
CITY-ST-ZIP	YORK, PA 17403	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOLTOLINA, FRANK	NAME	5757 N. Green Bay Ave.		
STREET ADDRESS	317 W. TILMONT RD	STREET ADDRESS	Milwaukee, WI 53209		
CITY-ST-ZIP	YORK, PA 17403	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OKARMA, JEROME	NAME	5757 N. Green Bay Ave.		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	STREET ADDRESS	Milwaukee, WI 53209		
CITY-ST-ZIP	YORK, PA 17403	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Keith Wandell		
STREET ADDRESS		STREET ADDRESS	5757 N. Green Bay Ave.		
CITY-ST-ZIP		CITY-ST-ZIP	Milwaukee, WI 53209		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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		414-524-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	