

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004850

FILED
Mar 16, 2007
Secretary of State

Entity Name: RACINE FEDERATED INC.

Current Principal Place of Business:

C/O CRISTIE COATES LETO
8635 WASHINGTON AVE.
RACINE, WI 53406

New Principal Place of Business:

Current Mailing Address:

C/O CRISTIE COATES LETO
8635 WASHINGTON AVE.
RACINE, WI 53406

New Mailing Address:

FEI Number: 39-1143419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ERSKINE, JOHN E
Address: 32038 N PINE
City-St-Zip: GRAYLAKE, IL 60030

Title: DVP () Delete
Name: PERKINS, DAVID M
Address: 300 LAKE CREST DR
City-St-Zip: RACINE, WI 53402

Title: S () Delete
Name: COATES, GLENN R
Address: 2830 MICHIGAN BLVD
City-St-Zip: RACINE, WI 53402

Title: D () Delete
Name: CHAPLIN, JAMES
Address: 2805 GREEN HAZE AVENUE
City-St-Zip: RACINE, WI 53406

Title: D () Delete
Name: CARLSON, JOSEPH
Address: 4900 WEST ELECTRIC AVE.
City-St-Zip: WEST MILWAUKEE, WI 53219

Title: D () Delete
Name: PARRISH, JAMES O
Address: 5004 SINGING TREES DRIVE
City-St-Zip: RACINE, WI 53406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN R. COATES

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03/16/2007

Electronic Signature of Signing Officer or Director

Date