

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001068

FILED
Apr 30, 2009
Secretary of State

Entity Name: PINCKNEY MOLDED PLASTICS, INC.

Current Principal Place of Business:

3970 PARSONS RD.
HOWELL, MI 48855

New Principal Place of Business:

Current Mailing Address:

3970 PARSONS RD.
HOWELL, MI 48855

New Mailing Address:

1645 BERGSTROM ROAD
NEENAH, WI 54956

FEI Number: 38-1621191

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: WILLIAMS, ANDY
Address: 3970 PARSONS RD
City-St-Zip: HOWELL, MI 48855

Title: DT () Delete
Name: HARVEY, TONI E
Address: 3970 PARSONS RD
City-St-Zip: HOWELL, MI 48855

Title: D () Delete
Name: VERNA, DONALD
Address: 3970 PARSONS RD
City-St-Zip: HOWELL, MI 48855

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KOTEK, JAMES M
Address: 1055 CORPORATE CENTER DRIVE
City-St-Zip: OCONOMOWOC, WI 53066

Title: VP (X) Change () Addition
Name: ASH, WILLIAM F
Address: 1055 CORPORATE CENTER DRIVE
City-St-Zip: OCONOMOWOC, WI 53066

Title: TREA (X) Change () Addition
Name: HAMMEN, LEA A
Address: 1645 BERGSTROM ROAD
City-St-Zip: NEENAH, WI 54956

Title: AT () Change (X) Addition
Name: HEAD, KEVIN P
Address: 1645 BERGSTROM ROAD
City-St-Zip: NEENAH, WI 54956

Title: SEC () Change (X) Addition
Name: FOGARTY, MARK P
Address: 1645 BERGSTROM ROAD
City-St-Zip: NEENAH, WI 54956

Title: AS () Change (X) Addition
Name: BENDER, THOMAS V
Address: 1645 BERGSTROM ROAD
City-St-Zip: NEENAH, WI 54956

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN P HEAD

AT

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date