

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001071

FILED
Jan 12, 2009
Secretary of State

Entity Name: TAXPAYERS NETWORK INC.

Current Principal Place of Business:

721 CARDINAL LANE
SUITE #105
GREEN BAY, WI 54313 US

New Principal Place of Business:

Current Mailing Address:

721 CARDINAL LANE
SUITE #105
GREEN BAY, WI 54313 US

New Mailing Address:

FEI Number: 39-1738262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAY, TIMOTHY L MR.
Address: 111 N WASHINGTON ST, STE 400
City-St-Zip: GREEN BAY, WI 54301 US

Title: D () Delete
Name: RAFFENBEUL, JOEL MR.
Address: 8313 NORMAN CREEK TRAIL
City-St-Zip: BLOOMINGTON, WI 55437 US

Title: EXDR () Delete
Name: MCGEE POLASKY, AMY MRS.
Address: 721 CARDINAL LANE SUITE #105
City-St-Zip: GREEN BAY, WI 54313 US

Title: S&TR () Delete
Name: ZEUSKE, CATHY S
Address: 721 CARDINAL LANE SUITE #105
City-St-Zip: GREEN BAY, WI 54313 US

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
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATE ZEUSKE

TRSR

01/12/2009

Electronic Signature of Signing Officer or Director

Date