

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005601

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** DECO TOOL SUPPLY COMPANY

**Current Principal Place of Business:**

415 WEST 76TH STREET  
DAVENPORT, IA 52806

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3097  
DAVENPORT, IA 52808

**New Mailing Address:**

**FEI Number:** 42-0635803

**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

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: QUINN, DENNIS P  
Address: #9 HIGHLAND GREEN CT  
City-St-Zip: BETTENDORF, IA 52722

Title: VD  
Name: LEESE, ROBERT J  
Address: 50 COUNTRY CLUB CT  
City-St-Zip: LECLAIRE, IA 52753

Title: TSD  
Name: QUINN-SMITH, CYNTHIA  
Address: 5384 - 54TH AVE COURT  
City-St-Zip: BETTENDORF, IA 52722

Title: D  
Name: LEESE, JEANNINE A  
Address: 50 COUNTRY CLUB CT  
City-St-Zip: LECLAIRE, IA 52753

I hereby 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 all other like empowered.

SIGNATURE: DENNIS P. QUINN

PRES

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date