

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006879

Entity Name: W + D MACHINERY CO., INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

9101 QUIVIRA
OVERLAND PARK, KS 66215 US

New Principal Place of Business:

Current Mailing Address:

9101 QUIVIRA
OVERLAND PARK, KS 66215 US

New Mailing Address:

FEI Number: 48-0803501

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HISCHAR, MARK
Address: 9101 QUIVIRA ROAD
City-St-Zip: OVERLAND PARK, KS 662153392

Title: DVS () Delete
Name: OLSON, JANE
Address: 9101 QUIVIRA RD.
City-St-Zip: OVERLAND PARK, KS 662153392

Title: DVT () Delete
Name: OLSON, JANE
Address: 9101 QUIVIRA RD.
City-St-Zip: OVERLAND PARK, KS 662153392

Title: D () Delete
Name: KUHN, DR. MANFRED
Address: SOHLER WEG 65
City-St-Zip: NUEWLED, GERMANY, D-5652

Title: D () Delete
Name: KURZ, DIETMAR
Address: SOHLER WEG 65
City-St-Zip: NEUWIED, GERMANY, D-5652

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:

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

SIGNATURE: JANE OLSON

DVT

05/01/2008

Electronic Signature of Signing Officer or Director

Date