

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005337

FILED
Mar 04, 2009
Secretary of State

Entity Name: INDUSTRIES FOR THE BLIND, INC.

Current Principal Place of Business:

445 S. CURTIS RD
WEST ALLIS, WI 53214

New Principal Place of Business:

Current Mailing Address:

445 S. CURTIS RD
WEST ALLIS, WI 53214

New Mailing Address:

FEI Number: 39-0840476

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: P () Delete
Name: LANGE, CHARLES
Address: 445 S. CURTIS RD
City-St-Zip: WEST ALLIS, WI 53214

Title: S () Delete
Name: NATZKE, DON
Address: 445 S. CURTIS RD
City-St-Zip: WEST ALLIS, WI 53214

Title: T () Delete
Name: WALLS, KAREN
Address: 445 S. CURTIS RD
City-St-Zip: WEST ALLIS, WI 53214

Title: C () Delete
Name: MALLATT, JAMES
Address: 445 S. CURTIS RD
City-St-Zip: WEST ALLIS, WI 53214

Title: BDFD () Delete
Name: FULLINGTON, RICHARD
Address: 5150 N. PORT WASHINGTON RD
City-St-Zip: MILWAUKEE, WI 53217

Title: BDFD () Delete
Name: HAAS, PAUL
Address: 3700 S. 104TH STREET
City-St-Zip: GREENFIELD, WI 53217

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 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: CINDY PINKLEY

MGR

03/04/2009

Electronic Signature of Signing Officer or Director

Date