

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002852

Entity Name: MOTOMAN, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

805 LIBERTY LANE  
WEST CAROLLTON, OH 45449

## New Principal Place of Business:

## Current Mailing Address:

805 LIBERTY LANE  
WEST CAROLLTON, OH 45449

## New Mailing Address:

FEI Number: 31-1275631

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: CD ( ) Delete  
Name: KUDO, GEN  
Address: 2121 NORMAN DR. SOUTH  
City-St-Zip: WAUKEGAN, IL 60085

Title: PCOO ( ) Delete  
Name: JENNINGS, CRAIG S  
Address: 805 LIBERTY LANE  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: VT ( ) Delete  
Name: BARHORST, STEVEN B  
Address: 805 LIBERTY LANE  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: V ( ) Delete  
Name: GABBARD, MICHAEL  
Address: 805 LIBERTY LANE  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: V ( ) Delete  
Name: CHRISTIAN, ROGER  
Address: 805 LIBERTY LANE  
City-St-Zip: DAYTON, OH 45449

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VT (X) Change ( ) Addition  
Name: SCHOCKMAN, TOM  
Address: 805 LIBERTY LANE  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: PD (X) Change ( ) Addition  
Name: BARHORST, STEVEN B  
Address: 805 LIBERTY LANE  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: V (X) Change ( ) Addition  
Name: HEMBERG, DON  
Address: 805 LIBERTY LANE  
City-St-Zip: WEST CARROLLTON, OH 45449

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: TOM SCHOCKMAN

VT

04/28/2009

Electronic Signature of Signing Officer or Director

Date