

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90020 034 ****61.25

DOCUMENT # F99000006432 1. Entity Name GENEX COOPERATIVE, INC.					
Principal Place of Business P.O. BOX 469, 100 MBC DRIVE SHAWANO, WI 54166				Mailing Address P.O. BOX 469, 100 MBC DRIVE SHAWANO, WI 54166	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01192004 Chg-NP CR2E037 (10/03)	
Zip		Zip		4. FEI Number 39-1958012	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRESLASKI, ALLAN 5811 30TH CT. E. ELLENTON, FL 34222-4366				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code <div style="text-align: right;">FL</div>	
8. 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. I am familiar with, and accept the obligations of registered agent. Signature: _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD CROCKER, JIM 56 STATION ROAD VALLEY CITY, OH 44280	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jacques Couture 560 VT R+160, Westfield VT 05874	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD DANIELSON, JON W 1108 COUNTY HIGHWAY EE CADOTT, WI-54727	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lawrence J. Romuald 100 MBC Drive, P.O. Box 469 Shawano WI 54166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD FOGLER, JOHN 143 FOGLER ROAD EXETER, ME 04435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert H. Prahl, Director 6906 N Hwy 52 Wausau WI 54403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILEMAN, DAVID RD 1, BOX 300 TYRONE, PA 16686	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD FRANKS, JIMMY 279 ROSIER ROAD WAYNESBORO, GA 30830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DUANE J 18152 10TH STREET WINTHROP, MN 55396	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Lawrence J. Romuald - 71-04 715-526-2141					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					