

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006432

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: GENEX COOPERATIVE, INC.

## Current Principal Place of Business:

P.O. BOX 469, 100 MBC DRIVE  
SHAWANO, WI 54166

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 469, 100 MBC DRIVE  
SHAWANO, WI 54166

## New Mailing Address:

FEI Number: 39-1958012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESLASKI, ALLAN  
5811 30TH CT. E.  
ELLENTON, FL 342224366 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: BOD ( ) Delete  
Name: CROCKER, JIM  
Address: 56 STATION ROAD  
City-St-Zip: VALLEY CITY, OH 44280

Title: BOD ( ) Delete  
Name: DANIELSON, JON W  
Address: 1108 COUNTY HIGHWAY EE  
City-St-Zip: CADOTT, WI 54727

Title: D ( ) Delete  
Name: COUTURE, JACQUES  
Address: 560 UT RTE. 160  
City-St-Zip: WESTFIELD, VT 05874

Title: PD ( ) Delete  
Name: HILEMAN, DAVID  
Address: RD 1, BOX 300  
City-St-Zip: TYRONE, PA 16686

Title: BOD ( ) Delete  
Name: FRANKS, JIMMY  
Address: 279 ROSIER ROAD  
City-St-Zip: WAYNESBORO, GA 30830

Title: D ( ) Delete  
Name: NELSON, DUANE J  
Address: 18152 10TH STREET  
City-St-Zip: WINTHROP, MN 55396

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE J. ROMUALD

TREA

01/18/2005

Electronic Signature of Signing Officer or Director

Date