2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# F99000006432

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:	BOD	(X) Change ( ) Addition
Name:	COUTURE, JACQUES	
Address:	560 UT RTE. 160	
City-St-Zip:	WESTFIELD, VT 05874	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BOD	(X) Change ( ) Addition
Name:	NELSON, DUANE J	
Address:	18152 10TH STREET	
City-St-Zip:	WINTHROP, MN 55396	

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY ROMUALD TREA 01/25/2006

Electronic Signature of Signing Officer or Director — Date