2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006432

Entity Name: GENEX COOPERATIVE, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 MBC D SHAWANO							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 469, 100 MBC DRIVE SHAWANO, WI 54166							
FEI Number: 39-1958012 FEI Number Applied For () FEI			FEI Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PRESLASKI, ALLAN 5811 30TH CT. E. ELLENTON, FL 342224366 US				PRESLASKI, ALLAN 5416 HOPETOWN LN PANAMA CITY BEACH, FL 324087937 US			
The above in the State		bmits this statement for the pu	rpose of	changing it	s registered o	ffice or registered	agent, or both,
SIGNATURE:				03/12/2008			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BOD () E VAN DYKE, CLAF 3950 LEE ROAD MANHATTAN, MT			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BOD () EDANIELSON, JOH 1108 COUNTY HI CADOTT, WI 54	GHWAY EE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BOD () E COUTURE, JACO 560 UT RTE. 160 WESTFIELD, VT			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PD () E RUEDINGER, JO W7222 CEMETA VAN DYNE, WI	RY ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BOD () E FRANKS, JIMMY 279 ROSIER ROW WAYNESBORO,			Title: Name: Address: City-St-Zip:	BOD (X) TABER, DONAL 495 EAST 20 N SHOSHONE, ID	ORTH	
Title: Name: Address: City-St-Zip:	TR () E ROMUALD, LARF 100 MBC DRIVE SHAWANO, WI			Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: LARRY ROMUALD TR 03/12/2008