

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006432

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: GENEX COOPERATIVE, INC.

## Current Principal Place of Business:

100 MBC DRIVE  
SHAWANO, WI 54166

## New Principal Place of Business:

117 E GREEN BAY ST  
SHAWANO, WI 54166

## Current Mailing Address:

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

## New Mailing Address:

P.O. BOX 469  
SHAWANO, WI 54166

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  
5416 HOPETOWN LN  
PANAMA CITY BEACH, FL 324087937 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: VAN DYKE, CLARENCE  
Address: 3950 LEE ROAD  
City-St-Zip: MANHATTAN, MT 59741

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

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

Title: PD ( ) Delete  
Name: RUEDINGER, JOHN  
Address: W7222 CEMETARY ROAD  
City-St-Zip: VAN DYNE, WI 54979

Title: BOD ( ) Delete  
Name: TABER, DONALD  
Address: 495 EAST 20 NORTH  
City-St-Zip: SHOSHONE, ID 83352

Title: TR ( ) Delete  
Name: ROMUALD, LARRY J  
Address: 100 MBC DRIVE  
City-St-Zip: SHAWANO, WI 54166

## 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: PD (X) Change ( ) Addition  
Name: NELSON, DUANE J  
Address: 18152 10TH ST  
City-St-Zip: WINTHROP, MN 55396

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

Title: TR (X) Change ( ) Addition  
Name: ROMUALD, LARRY J  
Address: PO BOX 469  
City-St-Zip: SHAWANO, WI 54166

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: LAWRENCE ROMUALD

TR

02/16/2009

Electronic Signature of Signing Officer or Director

Date