

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-17-2003 90022 041 ****61.25
FILED F99000006432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006432

1. Entity Name

GENEX COOPERATIVE, INC.



Principal Place of Business

P.O. BOX 469, 100 MBC DRIVE
SHAWANO WI 54166-0469

Mailing Address

P.O. BOX 469, 100 MBC DRIVE
SHAWANO WI 54166-0469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1958012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: Allan Prestaski

Street Address (P.O. Box Number is Not Acceptable)

5811 30th CT E

City: Zilenton

FL

Zip Code

34227-4346

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 Agent Change Filed 12/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 BOD
NAME CROCKER, JIM
STREET ADDRESS 58 STATION ROAD
CITY-ST-ZIP VALLEY CITY OH 44280 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BOD
NAME DANIELSON, JON W
STREET ADDRESS 1108 COUNTY HIGHWAY EE
CITY-ST-ZIP CADOTT WI 54727 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BOD
NAME FOGLER, JOHN
STREET ADDRESS 143 FOGLER ROAD
CITY-ST-ZIP EXETER ME 04435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME HILEMAN, DAVID
STREET ADDRESS RD 1, BOX 300
CITY-ST-ZIP TYRONE PA 16886 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BOD
NAME FRANKS, JIMMY
STREET ADDRESS 279 ROSIER ROAD
CITY-ST-ZIP WAYNESBORO GA 30830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME NELSON, DUANE J
STREET ADDRESS 18152 10TH STREET
CITY-ST-ZIP WINTHROP MN 55396 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]* **SIGNATURE REQUIRED**

CR2637 (10/02)