

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005495

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** HARTLAND FUEL PRODUCTS, L.L.C.

**Current Principal Place of Business:**

920 10TH AVENUE NORTH  
ONALASKA, WI 54650

**New Principal Place of Business:**

**Current Mailing Address:**

920 10TH AVENUE NORTH  
ONALASKA, WI 54650

**New Mailing Address:**

**FEI Number:** 39-1834793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIMPSON, KENNETH M  
Address: 920 10TH AVENUE NORTH  
City-St-Zip: ONALASKA, WI 54650

Title: MGR  
Name: MACKEBEN, JEFFREY  
Address: 920 10TH AVENUE NORTH  
City-St-Zip: ONALASKA, WI 54650

Title: MGR  
Name: MATHY, ROBERT P  
Address: 920 10TH AVENUE NORTH  
City-St-Zip: ONALASKA, WI 54650

Title: PRES  
Name: SIMPSON, KENNETH M  
Address: 920 10TH AVENUE NORTH  
City-St-Zip: ONALASKA, WI 54650

Title: VP  
Name: MACKEBEN, JEFFREY  
Address: 920 10TH AVENUE NORTH  
City-St-Zip: ONALASKA, WI 54650

Title: SEC  
Name: MATHY, ROBERT P  
Address: 920 10TH AVENUE NORTH  
City-St-Zip: ONALASKA, WI 54650

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH M. SIMPSON

MGR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date