2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42093

Entity Name: G.D.P.W.W., INC.

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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41300 COCA COLA DRIVE 318 BROADWAY

BELLEVILLE, MI 48111 KANSAS CITY, MO 64105 US

Current Mailing Address: New Mailing Address:

41300 COCA COLA DRIVE 318 BROADWAY

BELLEVILLE, MI 48111 US KANSAS CITY, MO 64105 US

FEI Number: 65-0259881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HUDSON, GEORGE R. 3524 CRAFTSMAN BLVD LAKELAND, FL 33803

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

O'DONOHUE, MICHAEL ROBINSON, GLENN Name: Name: 41300 COCA COLA DRIVE Address: 110 GATEWAY DRIVE Address: City-St-Zip: BELLEVILLE, MI 48111 US City-St-Zip: MACON, GA 31210 US

Title: PD () Delete Title: (X) Change () Addition

Name: LEE, ROD Name: HOWARD, TIM Address: P.O. BOX 35865 Address: 318 BROADWAY City-St-Zip: GREENSBORO, NC 27425 City-St-Zip: KANSAS CITY, MO 64105

Title: () Delete Title: (X) Change () Addition

SALADIN, JOHN CRANE, LANCE Name: Name: 6574 COLLEGE ST. Address: Address: 707 FORD STREET City-St-Zip: BEAUMONT, TX 77040 City-St-Zip: KIMBERLY, WI 54136

Title: () Delete Title: (X) Change () Addition

Name: GIESSING, SKIP Name: PECK, HENRY 240 C SOVEREIGN CT. 8924 YELLOW BRICK ROAD Address: Address: City-St-Zip: BALLWIN, MO 63011 City-St-Zip: BALTIMORE, MD 21237

Title: () Delete Title: () Change () Addition

LITTLE, DAVID R Name: Name: 7272 PINEMONT Address: Address: City-St-Zip: HOUSTON TX 77040 City-St-Zip:

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: TIM HOWARD **TREA** 01/16/2009