

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12696

Entity Name: LEXTRON, INC.

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

822 7TH ST  
SUITE 740  
GREELEY, CO 80631 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1240  
GREELEY, CO 80632 US

**New Mailing Address:**

FEI Number: 84-0575063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: HUMMEL, ROBERT C  
Address: 760 WHALERS WAY #B-102  
City-St-Zip: FORT COLLINS, CO 80525

Title: DIR  
Name: LOUGLIN, PARK L  
Address: 3868 JACKSON STREET  
City-St-Zip: SAN FRANCISCO, CA 94118

Title: CFO  
Name: WAGLEY, DAVID R  
Address: 822 7TH STREET, SUITE 740  
City-St-Zip: GREELEY, CO 80632

Title: SEC  
Name: SOWDER, BONNIE K  
Address: 760 WHALERS WAY, #B-102  
City-St-Zip: FORT COLLINS, CO 80525

Title: CEO  
Name: ADENT, JOHN  
Address: 822 7TH STREET, SUITE 740  
City-St-Zip: GREELEY, CO 80632

Title: RVP  
Name: KLEIN, DUANE D  
Address: 2577 COUNTY RD 13  
City-St-Zip: FREMONT, NE 68025

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID R WAGLEY

CFO

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date