2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P21151

Entity Name: LINDGREN R.F. ENCLOSURES, INC.

Current Principal Place of Business:

400 HIGH GROVE BLVD
GLENDALE HEIGHTS, IL 60139

New Principal Place of Business:

Current Mailing Address:

400 HIGH GROVE BLVD
GLENDALE HEIGHTS, IL 60139

New Mailing Address:

FEI Number: 36-3050396 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CURRAN, WILLIAM E.
Address: 400 HIGH GROVE BLVD
City-St-Zip: GLENDALE HEIGHTS, IL 60139

Title: P ( ) Delete
Name: BUTLER, BRUCE
Address: 1301 ARROW POINT DRIVE
City-St-Zip: CEDAR PARK, TX

Title: VPS ( ) Delete
Name: BARCLAY, ALYSON
Address: 8888 LADUE ROAD
City-St-Zip: SAINT LOUIS, MO 631242056

Title: T ( ) Delete
Name: KLEMMER, CHARLES
Address: 400 HIGH GROVE BLVD.
City-St-Zip: GLENDALE HEIGHTS, IL 60139

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: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY ELLSTROM ACCO 04/20/2009

Electronic Signature of Signing Officer or Director Date