2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21653

Entity Name: A & B PROCESS SYSTEMS CORP.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 S WISCONSIN AVENUE STRATFORD, WI 544840086 US **Current Mailing Address: New Mailing Address:** POBOX86 STRATFORD, WI 544840086 US FEI Number: 39-1216094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDT () Delete Title: () Change () Addition HILGEMANN, ANTHONY J. Name: Name: 1382 PLUM LANE Address: Address: City-St-Zip: MOSINEE, WI 54455 US City-St-Zip: VSD Title: Title: () Delete () Change () Addition HILGEMANN, WILLIAM A, . Name: Name: BALSAM ROAD Address: Address: STRATFORD, WI 54484 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FRODL, NANCY J., Name: Name: HIGHWAY 153 EAST Address: Address: City-St-Zip: STRATFORD, WI 54484 US City-St-Zip: Title: () Delete Title: () Change () Addition LINZMEIER, GLENN R. Name: Name: Address: 11757 SUNSET DRIVE Address: City-St-Zip: MARSHFIELD, WI 54449 US City-St-Zip: Title: Title: CFO () Delete () Change (X) Addition Name: Name: KINATE, PAUL M Address: 201 S. WISCONSIN AVE Address: City-St-Zip: City-St-Zip: STRATFORD, WI 54484 US Title: () Delete Title: CEO () Change (X) Addition Name: Name: VERPLOEGH, ALAN A 201 S. WISCONSIN AVE Address: Address: City-St-Zip: City-St-Zip: STRATFORD, WI 54484 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY J FRODL VP 04/16/2007