

**2007 FOR PROIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P32328**

1. Entity Name  
**HULCO SALES CORP.**



Principal Place of Business  
**101 N. 9TH ST  
TERRE HAUTE, IN 47807 US**

Mailing Address  
**P.O. BOX 150  
TERRE HAUTE IN  
TERRE HAUTE, IN 47808 US**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number **35-1812152** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1000000616186  
02/07/07-80016-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	GEORGE, MARI H.
STREET ADDRESS	101 N. 9TH STREET
CITY-ST-ZIP	TERRE HAUTE, IN
TITLE	PD
NAME	GEORGE, ANTON H.
STREET ADDRESS	101 N 9TH STREET
CITY-ST-ZIP	TERRE HAUTE, IN
TITLE	STD
NAME	BELSKUS, JEFFREY G.
STREET ADDRESS	101 N. 9TH STREET
CITY-ST-ZIP	TERRE HAUTE, IN
TITLE	VP
NAME	MORRIS, GARY
STREET ADDRESS	101 N 9TH STREET
CITY-ST-ZIP	TERRE HAUTE, IN 478080150
TITLE	AST
NAME	FORSYTHE, LINDA
STREET ADDRESS	101 N 9TH STREET
CITY-ST-ZIP	TERRE HAUTE, IN 478080150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Linda Forsythe* **asst. Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-07 812-478-7216**