2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P35276

Entity Name: PRENT CORPORATION

Current Principal Place of Business:

2225 KENNEDY ROAD
JANESVILLE, WI 53545

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 471
JANESVILLE, WI 535470471

New Mailing Address:

FEI Number: 39-1082406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN WINKLE, MARY E.
2815 PROCTOR ROAD
SARASOTA, FL 34231 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: PD ( ) Delete
Name: PREGONT, JOSEPH T.
Address: 444 OAK ROAD
City-St-Zip: JANESVILLE, WI 53545

Title: D ( ) Delete
Name: JOHNSON, ANN
Address: 2604 CHEROKEE ROAD
City-St-Zip: JANESVILLE, WI 53545

Title: SD ( ) Delete
Name: PREGONT, CAROL M.
Address: 3547 FAIROAKS LANE
City-St-Zip: LONG BOAT KEY, FL 34228

Title: VP ( ) Delete
Name: WALKER, WALTER
Address: 4451 RED OAK DRIVE
City-St-Zip: JANESVILLE, WI 53546

Title: VP ( ) Delete
Name: LEMKE, SARA
Address: 118 S. HARMONY DRIVE
City-St-Zip: JANESVILLE, WI 53545

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:

Title: VP (X) Change ( ) Addition
Name: LEMKE, SARA
Address: 1014 GLEN ST.
City-St-Zip: JANESVILLE, WI 53545

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: SARA LEMKE VP 01/21/2009

Electronic Signature of Signing Officer or Director Date