

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40715

FILED
Jan 14, 2009
Secretary of State

Entity Name: DCI MARKETING, INC.

Current Principal Place of Business:

2727 W GOOD HOPE ROAD
MILWAUKEE, WI 532092091 US

New Principal Place of Business:

Current Mailing Address:

2727 W GOOD HOPE ROAD
MILWAUKEE, WI 532092091 US

New Mailing Address:

C/O IMI GROUP INC.
101 BROADWAY ST W, #204
OSSEO, MN 55369 US

FEI Number: 39-0735637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCOO () Delete
Name: ASFOUR, JOE
Address: 2727 W GOOD HOPE ROAD
City-St-Zip: MILWAUKEE, WI 532092091 US

Title: VD () Delete
Name: SMITH, CHERYL
Address: 180 N. STETSON, #3650, TWO PRUDENTIAL PLAZ
City-St-Zip: CHICAGO, IL 60601

Title: CFOT () Delete
Name: MATCHULAT, TERRY
Address: 2727 W GOOD HOPE ROAD
City-St-Zip: MILWAUKEE, WI 532092091 US

Title: S () Delete
Name: WHELPLEY, DENNIS
Address: 45 SOUTH 7TH STREET
City-St-Zip: MINNEAPOLIS, MN 55402

Title: ASAT () Delete
Name: ETTER, JAMES
Address: 101 BROADWAY STREET W. #204
City-St-Zip: OSSEO, MN 55369

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: () 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: JAMES ETTER

ASAT

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date