

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90025 042 \*\*\*150.00



**DOCUMENT # F03000004740**  
 1. Entity Name  
**BALDWIN FILTERS, INC.**

Principal Place of Business  
**2323 SIXTH STREET  
 ROCKFORD IL 61104**

Mailing Address  
**P.O. BOX 7007  
 ROCKFORD IL 61125-7007**

2. Principal Place of Business  
**440 East Highway 30**  
 Suite, Apt. #, etc.

3. Mailing Address  
**840 Crescent Centre Drive**  
 Suite, Apt. #, etc.  
**Suite 600**

City & State  
**Kearney, NE**

City & State  
**Franklin, TN**

Zip  
**68847** Country  
**USA**

Zip  
**37067** Country  
**USA**

4. FEI Number  
**36-3155641**

Applied For  
 Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FERRISE, SAM</b> <b>4400 EAST HIGHWAY 30</b> <b>KEARNEY NE 68848-6010</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>KLEIN, BRUCE A</b> <b>2323 SIXTH STREET</b> <b>ROCKFORD IL 61104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>BOYD, DAVID J</b> <b>2323 SIXTH STREET</b> <b>ROCKFORD IL 61104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDAS</b> <b>BLAYLOCK, MARCIA</b> <b>2323 SIXTH STREET</b> <b>ROCKFORD IL 61104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>840 Crescent Centre Dr., Ste. 600</b> <b>Franklin, TN 37067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>840 Crescent Centre Dr., Ste. 600</b> <b>Franklin, TN 37067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>840 Crescent Centre Dr., Ste. 600</b> <b>Franklin, TN 37067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M. S. Blaylock marcia Blaylock (615) 771-3157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #