

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006452

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: BACHMANN INDUSTRIES, INC.

**Current Principal Place of Business:**

416 LEWISTON JUNCTION RD.  
AUBURN, ME 04210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2150  
AUBURN, ME 042112150

**New Mailing Address:**

FEI Number: 01-0470478      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: CHRM ( ) Delete  
Name: KOCH, WILLIAM F  
Address: 416 LEWISTON JUNCTION RD. P O BOX 2150  
City-St-Zip: AUBURN, ME 042102150

Title: VCHR ( ) Delete  
Name: ELGRET, RONALD  
Address: AMALICASTRASSE 48/2  
City-St-Zip: A-1130 VIENNA, AUSTRIA,

Title: PT ( ) Delete  
Name: KOCH, WILLIAM F  
Address: 416 LEWISTON JUNCTION RD. P O BOX 2150  
City-St-Zip: AUBURN, ME 04210

Title: VCOO ( ) Delete  
Name: SELLINGER, MICHAEL R  
Address: 416 LEWISTON JUNCTION RD. P O BOX 2150  
City-St-Zip: AUBURN, ME 04210

Title: D ( ) Delete  
Name: DENCH, BRYAN M CLERK  
Address: 95 MAIN ST. P.O. BOX 32100  
City-St-Zip: AUBURN, ME 042113210

Title: D ( ) Delete  
Name: GAUTHIER, RACLENE CONTROL  
Address: 416 LEWISTON JUNCTION RD.  
City-St-Zip: AUBURN, ME 04210

**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:

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: RACLENE GAUTHIER

D

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date