

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005943

Entity Name: GRIPPLE INCORPORATED

FILED  
Feb 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1510 HUBBARD AVE  
BATAVIA, IL 60510

**New Principal Place of Business:**

1611 EMILY LN  
AURORA, IL 60502

**Current Mailing Address:**

1510 HUBBARD AVE  
BATAVIA, IL 60510

**New Mailing Address:**

1611 EMILY LN  
AURORA, IL 60502

FEI Number: 36-3684806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: P ( ) Delete  
Name: FACEY, HUGH D  
Address: CLIFFORD HOUSE, ECCLESALL RD SOUTH  
City-St-Zip: WHIRLOW, SHEFFIELD ENGLAND, S11 9PX

Title: S ( ) Delete  
Name: SHAD, DAWN  
Address: 314 DEERFIELD WAY  
City-St-Zip: GENEVA, IL 60134

Title: T ( ) Delete  
Name: HALL, ROGER  
Address: 408 DOURADES, APARTADO 3164  
City-St-Zip: ALGGARVE PORTUGAL,

**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:

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: DAWN M. SHAD

SEC

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date