

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32011

FILED
May 13, 2008
Secretary of State

Entity Name: MOTOMCO LTD. CORPORATION

Current Principal Place of Business:

3699 KINSMAN BLVD
MADISON, WI 53704

New Principal Place of Business:

Current Mailing Address:

3699 KINSMAN BLVD.
MADISON, WI 53704 US

New Mailing Address:

FEI Number: 39-1387487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVY, STEVEN M
Address: 4960 BORCHERS BEACH
City-St-Zip: WAUNAKEE, WI 53597

Title: VD () Delete
Name: HUGHES, LINDA S.
Address: 5349 COMANCHE WAY
City-St-Zip: MADISON, WI 53704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAUREEN MULROY

CFO

05/13/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date