

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004814

FILED  
Apr 13, 2010  
Secretary of State

Entity Name: OSTLER INTERNATIONAL, INC.

**Current Principal Place of Business:**

3170 SOUTH 900 WEST  
SALT LAKE CITY, UT 84119

**New Principal Place of Business:**

**Current Mailing Address:**

3170 SOUTH 900 WEST  
SALT LAKE CITY, UT 84119

**New Mailing Address:**

FEI Number: 87-0453814      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: P  
Name: OSTLER, DONNELL  
Address: 3170 SOUTH 900 WEST  
City-St-Zip: SALT LAKE CITY, UT 84119

Title: ST/D  
Name: OSTLER, VYRON  
Address: 3170 SOUTH 900 WEST  
City-St-Zip: SALT LAKE CITY, UT 84119

Title: VP  
Name: SORENSEN, JAY  
Address: 3170 SOUTH 900 WEST  
City-St-Zip: SALT LAKE CITY, UT 84119

Title: VP  
Name: OSTLER, RALPH  
Address: 3170 SOUTH 900 WEST  
City-St-Zip: SALT LAKE CITY, UT 84119

Title: D  
Name: OSTLER, DALE  
Address: 3170 SOUTH 900 WEST  
City-St-Zip: SALT LAKE CITY, UT 84119

I hereby 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 all other like empowered.

SIGNATURE: VYRON OSTLER

ST/D

04/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date