

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90052 036 \*\*\*150.00

**DOCUMENT # 809789**

1. Entity Name  
**MANUFACTURERS EQUIPMENT COMPANY**

Principal Place of Business      Mailing Address  
 NANCY  
 SANDERLING ISLAND  
 RICHMOND CA 94801  
 FRIEDMAN, MICHAEL  
 8831 N. REGENT RD.  
 MILWAUKEE WI 53217-1749  
 US

2. Principal Place of Business      3. Mailing Address  
 STRAUCH, NANCY  
 Suite, Apt. #, etc.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number **39-0731898**      Applied For  
 Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324  
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD WAKEMAN, FREDERIC E 1313 SANDERLING ISLAND POINT RICHMOND CA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD PETRIE, JAMES R. 111 E. WISCONSIN AVE MILWAUKEE WI	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	AT PAXTON, TERESA 3430 GARVIN DRIVE RICHMOND CA	CITY-ST-ZIP	755 Litchfield Ave. Sebastopol, CA 95472
TITLE	PTD WAKEMAN, NANCY 1313 SANDERLING ISLAND POINT RICHMOND CA	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STRAUCH, NANCY
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE NANCY STRAUCH      Date 2-13-00      Daytime Phone # 510 237-5021  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/99)