2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 05, 2004 8:00 am Secretary of State **DOCUMENT # F02000000463** 03-05-2004 90005 015 ***150 00 1. Entity Name C.G. GALLINA CORP. ~ xoTOTQR Principal Place of Business Mailing Address 8500 GREENWAY BLVD. 8500 GREENWAY BLVD. SUITE 200 SUITE 200 MIDDLETON, WI 53562 MIDDLETON, WI 53562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 39-1589993 Not Applicable Zip Country Zip Country \$8.75 Additional ___ 5.-Certificate of Status Desired - - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAW, TIMOTHY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 720 SOUTH ORANG AVE. SARASOTA, FL 34236 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when rainstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TITLE ☐ Delete TITLE Joseph R. Gallina 8500 Greenway Blvd. Suite 200 GALLINA, JOSEPH R NAME NAME STREET ADDRESS 8500 GREENWAY BLVD. STREET ADDRESS Middleton, WI 53562 CITY-ST-7IP CITY-ST-ZIP MIDDLETON, WI 53562 Delete TITLE Change Addition HILE Craig Enzenroth 6237. Oak Hollow Drive NAME ENZENROTH, CRAIG B NAME *8500 GREENWAY BLVD: STREET ADDRESS STREET ADDRESS Oregon, WI 53575 MIDDLETON, WI 53562 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ★★Addition Thomas S. Brooke 3548 Valley Ridge Road Middleton, WI 53562 MARTEN, RHONDA NAME NAME 8500 GREENWAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLETON, WI 53562 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME . NAME Rhonda Marten STREET ADDRESS STREET ADDRESS 4230 James Road 53533 Dodgeville, WI CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME Dawn Hendrickson NAME W11084 McDonald Woods Road Lodi, WI 53555 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED