


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000078</b> 1. Entity Name <b>MASTERTASTE INC.</b>	
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Principal Place of Business <b>100 EAST GRAND AVE. BELOIT, WI 53511</b>	Mailing Address <b>100 EAST GRAND AVE. BELOIT, WI 53511</b>
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04092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2081648</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000123369  
04/22/04-80003-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LANE, KEVIN 6133 NORTH RIVER RD., STE. 670 ROSEMONT, IL 60018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EARLEY, MARK 100 E. GRAND AVE. BELOIT, WI 53511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF O'NEILL, MICHAEL 6133 N. RIVER RD., STE. 670 ROSEMONT, IL 60018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COOLE, WILLIAM 100 E. GRAND AVE. BELOIT, WI 53511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, J. TRENT 190 S. LASALLE ST. CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, KEVIN 6133 N. RIVER RD., STE. 670 ROSEMONT, IL 60018

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/04**  
Date

**608.361.7053**  
Daytime Phone #