## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F94000004388 APW TOOLS AND SUPPLIES, INC. 04-30-2001 90046 047 \*\*\*150.00 Principal Place of Business Mailing Address 6101 N. BAKER ROAD P.O. BOX 325 GLENDALE WI 53209 MILWAUKEE WI 53201 752754 3. Mailing Address 2. Principal Place of Business PO BOX 3241 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 39-0964876 MILWAUKEE WI No. Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 53201 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE X Delete BOEL, GUUS W TEARY M. BRAATE NAME NAME 6101 N. BAKER RD. 6100 N. BAKER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GLENDALE WI 53209** CITY - ST - ZIP GENDALE WI 53209 TITLE De ete TITLE Addition ARZBAECHER, ROBERT C NAME NAME ROBERT C. ARZBAECHER WOOD U. BAKER RO MILWANTKEE WI 5320) 6101 BAKER ROAD STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI 53209 CITY-ST ZIP THELE X Delete TITLE ☐ Change Addition SIM. RICHARD G NAME NAME N-22 W23685 RIDGEVIEW PKY. WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUKESHA WI 53188 CITY-ST-Z#P TITLE ☐ Delete TITLE 💢 Change Addition VD LAMPEREUR, ANDREW NAME NAME ANDREW LAMPERGUR STREET ADDRESS 6101 N BAKER RD STREET ADDRESS 6100 h BIKER CITY-ST-ZIP **GLENDALE WI 53209** CITY-ST-ZIP TITLE ☐ Delete Change Addition ASMUTH III, ANTHONY W. NAME NAME 411 E. WISCONSIN AVE., SUITE 2550 STREET ADDRESS STREET ADDRESS MILWAUKEE WI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Cary-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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature sha'l 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: Terry M. Brack Terry M. Brack 4/22/01

SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

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Daytime Phor

FILED