SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Sep 07, 1999 8:00 am**
**Secretary of State**
09-07-1999 90014 038 ***550.00

0122128

DOCUMENT # F97000000886

Corporation Name
SIG PACK INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 69 SO. KNOWLES AVE.<br>EW RICHMOND WI 54017 | 869 SO. KNOWLES AVE.<br>NEW RICHMOND WI 54017 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1997

4. FEI Number: 39-1443585 ☐ Applied For ☐ Not Applicable

5. ~~Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

| Principal Place of Business | 2a. Mailing Address |
|---|---|
| | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 27 |
| City & State | City & State |
| | 28 |
| Zip / Country | Zip / Country |
| 25 | 29 / 30 |

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| | PD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| | HEILHECKER, WILLIAM J | 1.2 NAME | |
| ET ADDRESS | 869 SO. KNOWLES AVE. | 1.3 STREET ADDRESS | |
| ST-ZIP | NEW RICHMOND WI 54017 | 1.4 CITY-ST-ZIP | |
| | VP ☒ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| | STIMPSON, BRUCE | 2.2 NAME | |
| ET ADDRESS | 2401 BRENTWOOD | 2.3 STREET ADDRESS | |
| ST-ZIP | RALEIGH NC 27604 | 2.4 CITY-ST-ZIP | |
| | TS ☐ DELETE | 3.1 TITLE | ☒ Change ☐ Addition |
| | DEBOER, JOHN F | 3.2 NAME | |
| T ADDRESS | 869 SO. KNOWLES AVE. | 3.3 STREET ADDRESS | CH 8222 |
| T-ZIP | NEW RICHMOND WI 54017 | 3.4 CITY-ST-ZIP | BERINGEN, SWITZERLAND |
| | C ☒ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| | STURZENEGGER, CHRISTIAN | 4.2 NAME | |
| T ADDRESS | CH 8212 NEUHAUSEN | 4.3 STREET ADDRESS | |
| T-ZIP | RHINE FALLS, SWITZERLAND | 4.4 CITY-ST-ZIP | |
| | VC ☐ DELETE | 5.1 TITLE | C ☒ Change ☐ Addition |
| | BEAT, KALIN | 5.2 NAME | |
| T ADDRESS | CH 8212 NEUHAUSEN | 5.3 STREET ADDRESS | CH 8222 |
| T-ZIP | RHINE FALLS, SWITZERLAND | 5.4 CITY-ST-ZIP | BERINGEN, SWITZERLAND |
| | VC ☐ DELETE | 6.1 TITLE | ☒ Change ☐ Addition |
| | DEBOER, JOHN F | 6.2 NAME | |
| T ADDRESS | 869 S. KNOWLES AVE. | 6.3 STREET ADDRESS | CH 8222 |
| T-ZIP | NEW RICHMOND WI 54017 | 6.4 CITY-ST-ZIP | BERINGEN, SWITZERLAND |

CR2E034 (5/99)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGN HERE REQUIRED 30 Aug 99 (715) 243-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #