


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 011 ***150.00

DOCUMENT # J47848

1. Entity Name
TIMBERCO, INC.



Principal Place of Business Mailing Address
2402 DANIELS ST. **2402 DANIELS ST.**
MADISON, WI 53718-6708 US **MADISON, WI 53718-6708 US**

2. Principal Place of Business 3. Mailing Address
5650 TERRA CT **5050 TERRA CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04242004 Chg-P CR2E034 (10/03)

City & State City & State
SUN PRAIRIE WI **SUN PRAIRIE WI**
 Zip Country Zip Country
53590-9219 USA **53590-9219 USA**

4. FEI Number Applied For
31-1192061 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

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**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STAROSTOVIC, ED CEO	
STREET ADDRESS	2620 MARILYN DRIVE	
CITY-ST-ZIP	STOUGHTON, WI	
TITLE	S	<input type="checkbox"/> Delete
NAME	STAROSTOVIC, MARILYN S	
STREET ADDRESS	2620 MARILYN DRIVE	
CITY-ST-ZIP	STOUGHTON, WI	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	WINJSTORFER, STEVE G EXEC VP	
STREET ADDRESS	17 FORGE CT	
CITY-ST-ZIP	MADISON, WI 53716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1310 NISHISAIN TRAIL	
CITY-ST-ZIP	MONROE WI 53716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Steve G. Winistorfer Date: 4/28/04 Daytime Phone #: (608) 837-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR