

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000000349**

1. Entity Name

**ALLIANCE LAUNDRY SYSTEMS LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business

SHEPARD STREET  
RIPON WI 54971

Mailing Address

SHEPARD STREET  
RIPON WI 54971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1927923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
L'ESPERANCE, THOMAS F  
SHEPARD STREET  
RIPON WI ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
1000003414331--2

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CONARD, EDWARD W  
BAIN CAPITAL, INC. TWO COPLEY PL  
BOSTON MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
-10/05/00--00000000  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GAY, ROBERT C  
BAIN CAPITAL, INC. TWO COPLEY PL  
BOSTON MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ZIDE, STEPHEN M  
BAIN CAPITAL, INC. TWO COPLEY PL  
BOSTON MA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SHERRILL, STEPHEN C  
126 EAST 56TH STREET  
NEW YORK NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TAYMOR, PHILIP  
34 MAPLE ST  
MILFORD MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/27/00

Date

(920) 748-3121

Daytime Phone #

CR2E083 (5/00)