920-748-1730 Daytime Phone #

Date

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: VICTORIAN SIGNATURE AND TYPED OR PRINTED NAME

1. Entity Nam ALLIAN	ice Laundry Systems Ll	0000349			FILED		
					·- <del>-</del>	1	
Principal Place of Business		Mailing Address			UL 18 AM 8:4		
SHEPARD STREET RIPON WI 54971		SHEPARD STREET RIPON WI 54971		SECRE	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Pl	lace of Business	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number 39-1927923 Applied For		
				4. FEI N			
Zip	Country	Zip	Country	5. Certif	cate of Status Desired	□ \$5.00	Not Applicat Additional
	6. Name and Address of Curren	nt Registered Agent		7. Name	and Address of New Re	Fee Hed	uired
40.	<del></del>	Name			<del></del> .		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Address		ddress (P.O. Box N	umber is Not Acceptable	)	
PU.	ANTATION FL 33324					·	
			City			FL Zip	Code
SIGNATURE _	named entity submits this statement to statement the statement of registered agents of registered agents and the statement of registered agents.	nt and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstatin	800004 -07/2	DATE 149362 4/010106	 281 2003
SIGNATURE _	Signature, typed or printed name of registered agen	nt and title if applicable. (NO FILE N Make Check P Due B	ITE: Registered Agent signatur IOW!!! FEE IS \$5 ayable to Departn by September 26, 2	re required when reinstatin 50.00 ment of State	800004 -07/2: ****	DATE 149362 4/01-0106 *50.00 **	28 — — 1 2003 ***50.00
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B.	Signature, typed or printed name of registered ager  MANAGING MEMB  MGR L'ESPERANCE, THOMAS F  SHEPARD STREET  RIPON WI  MGR	nt and title if applicable. (NO FILE N Make Check P Due B BERS/MANAGERS	ITE: Registered Agent signatur IOW!!! FEE IS \$5 ayable to Departn by September 26, 2  10.  TITLE  NAME	re required when reinstatin 50.00 ment of State	800004 -07/2: ****	DATE 149362 4/010106 *50.00 ***	***50.0( ge □ Additi
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