Applied For Not Applicable \$8.75 Additional

Zip Code

85

FILE NOW: FILING FEE IS \$61.25 **NONPROFIT**

CORPORATION ANNUAL REPORT

1000

PLANTATION FL 33324

SIGNATURE



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1000						1				
DOCUMENT # P02582 1. Corporation Name										
GRUNAU COMP	ANY, INC.									
Principal Place of Busines	S	Mailing Address								
1100 WEST ANDERSON COURT OAK CREEK WI 53154 1100 WEST ANDERSON COURT OAK CREEK WI 53154										
Principal Place of Busin 21	ness	2a. Mailing Addres	 3\$		<u>.</u>	3.	Date Incorporated or Qualifed 07/03/1984			
Suite, Apt. #, etc.		Suite, Apt. #, 6	itc.			4.	FEI Number - 39-1456102		Applied For Not Applicab	
City & State		City & State			5.	Certifcate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country	Zip 29	Co	intry		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
9. Name and Address of Current Registered Agent						10.	. Name and Address of New Registers	d Agent		
				81	Name					
CT CORPORATION SYSTEM				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

0.0.0.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Reg	gistered Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	CD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	GRUNAU, GARY P.		1.2 NAME			j
STREET ADDRESS	929 N ASTOR ST STE 1901		1.3 STREET ADDRESS	,	•	
CITY-ST-ZIP	MILWAUKEE WI		1.4 CITY-ST-ZIP			
TITLE	CAS	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	HINTZE, JEFFREY A		2.2 NAME			
STREET ADDRESS	815 CHAROLAIS DR.		2.3 STREET ADDRESS	اسه ر سیسمست		
CITY-ST-ZIP	SLINGER WI		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME:			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			j
CiTY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u>. </u>	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
V 1.4.	5 (45 kg) (\$1.50)		62 NAME		•	

CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRED

March 22, 1999