

NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 06, 1999 8:00 am
Secretary of State

02-06-1999 90021 043 ***150.00

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1. Corporation Name

SCHNEIDER NATIONAL, INC.

Principal Place of Business

3101 S. PACKERLAND DRIVE
GREEN BAY WI 54306-2524

Mailing Address

P. O. BOX 2545
GREEN BAY WI 54306-2545

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

39-1258315

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KESSLER, PAULA
NATION'S BANK BUILDING
ONE FINANCIAL PLAZA, 17TH FLOOR
FT. LAUDERDALE FL 33394

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85

Zip Code

FL

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SCHNEIDER, DONALD J
STREET ADDRESS 3101 S. PACKERLAND DR.
CITY-ST-ZIP GREEN BAY WI 54305-2545

TITLE S ☐ DELETE

NAME GANNON, THOMAS A
STREET ADDRESS 3101 S. PACKERLAND DR.
CITY-ST-ZIP GREEN BAY WI 54305-2545

TITLE T ☐ DELETE

NAME CONWAY, ROBERT D
STREET ADDRESS 3101 S. PACKERLAND DR.
CITY-ST-ZIP GREEN BAY WI 54305-2545

TITLE D ☐ DELETE

NAME SCHNEIDER, DONALD J
STREET ADDRESS 3101 S. PACKERLAND DR.
CITY-ST-ZIP GREEN BAY WI 54305-2545

TITLE D ☐ DELETE

NAME SCHNEIDER, PATRICIA A
STREET ADDRESS 3101 S. PACKERLAND DR.
CITY-ST-ZIP GREEN BAY WI 54305-2545

TITLE D ☐ DELETE

NAME MICEK, ERNEST S
STREET ADDRESS 15407 MCGINTY ROAD
CITY-ST-ZIP MINNETONKA MN 55345

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

Robert S. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (920) 592-2000
Date Daytime Phone #

CR2E034 (1/98)