2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005348

FILED Apr 13, 2004 Secretary of State

Entity Name: PRODUCT FABRICATION SERVICE CORPORATION

2402 DAN	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
MADISON	IELS ST. , WI 53718	US			
Current Mailing Address:			New Mailing Address	s:	
2402 DAN MADISON	IELS ST. , WI 53718	US			
FEI Number	: 39-1301594	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address o	of New Registered Agent:	
110 N. MA TALLAHA:	GNOLIA ST. SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MORRISON, N 1641 W. PLAG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	BLAIR, KATHI		Title: Name: Address:	() Change () Addition	
Name: Address:	5213 ERLING MCFARLAND,		City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MCFARLAND,	, WI 53558) Delete ROBERT S NY PLACE		() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	MCFARLAND, D (TRAMBURG, I 5706 KILKENI MADISON, WI P (SLIFKA, MICH	WI 53558) Delete ROBERT S NY PLACE I 53711) Delete HAEL J P.E. RVANCY LANE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A ROTHMAN VP 04/13/2004