
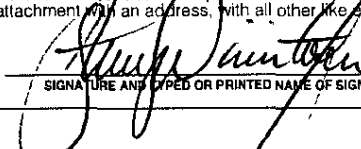


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 011 ***150.00

DOCUMENT # J47848 1. Entity Name TIMBERCO, INC.			
Principal Place of Business 2402 DANIELS ST. MADISON, WI 53718-6708 US		Mailing Address 2402 DANIELS ST. MADISON, WI 53718-6708 US	
2. Principal Place of Business 5650 TERRA CT Suite, Apt. #, etc.		3. Mailing Address 5650 TERRA CT Suite, Apt. #, etc.	
City & State SUN PRAIRIE WI Zip 53590-9219		City & State SUN PRAIRIE WI Zip 53590-9219	
Country USA		Country USA	
4. FEI Number 31-1192061		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	[] Change [] Addition
NAME	STAROSTOVIC, ED CEO	NAME	
STREET ADDRESS	2620 MARILYN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	STOUGHTON, WI	CITY-ST-ZIP	
TITLE	S	TITLE	[] Change [] Addition
NAME	STAROSTOVIC, MARILYN S	NAME	
STREET ADDRESS	2620 MARILYN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	STOUGHTON, WI	CITY-ST-ZIP	
TITLE	EVP	TITLE	[x] Change [] Addition
NAME	WINISTORFER, STEVE G EXEC VP	NAME	
STREET ADDRESS	17 FORGE CT	STREET ADDRESS	1310 NISHISAIN TRAIL
CITY-ST-ZIP	MADISON, WI 53716	CITY-ST-ZIP	MONROE WI 53716
TITLE	[] Delete	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[] Delete	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[] Delete	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Steve G. Winistorfer 4/28/04 (008) 837-2790	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	