

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005348

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** PRODUCT FABRICATION SERVICE CORPORATION

**Current Principal Place of Business:**

1507 MATT PASS  
COTTAGE GROVE, WI 535278962 US

**New Principal Place of Business:**

**Current Mailing Address:**

1507 MATT PASS  
COTTAGE GROVE, WI 535278962 US

**New Mailing Address:**

**FEI Number:** 39-1301594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MORRISON, VIRDEN  
**Address:** 10019 RIDGEWOOD DR  
**City-St-Zip:** MINOCQUA, WI 54548

**Title:** D  
**Name:** TRAMBURG, ROBERT S  
**Address:** 8385 S KOLLATH RD  
**City-St-Zip:** VERONA, WI 53593

**Title:** P  
**Name:** SLIFKA, MICHAEL J P.E.  
**Address:** 3221 CONSERVANCY LANE  
**City-St-Zip:** MIDDLETON, WI 53562

**Title:** V  
**Name:** ROTHMAN, JAMES A  
**Address:** 799 CENTRAL AVE  
**City-St-Zip:** DEERFIELD, WI 53531

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA R ANGELL

CFO

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date