FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:53

DOCUMENT # 466348 (0)

1. Corporation Name
THE ROCKCASTLE COMPANY

Principal Place of Business	Mailing Address
CITY HIGHWAY 11 P O BOX 1038 JANESVILLE WI 53547-1038	CITY HIGHWAY 11 P O BOX 1038 JANESVILLE WI 53547-1038

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1974
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-1567037 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: P.O. Box 206
Suite, Apt. #, etc. — 27: P.O. Box 206

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MALLORY, DONALD	1.2 NAME	
STREET ADDRESS	1912 JOLIET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JANESVILLE WI	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	RABUCK, KARLA	2.2 NAME	
STREET ADDRESS	1106 BURR OAK CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JANESVILLE WI	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	RABUCK, KARLA	3.2 NAME	
STREET ADDRESS	1106 BURR OAK CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JANESVILLE, WI 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Karla Rabuck KARLA RABUCK 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C400240 PN