FILE 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

DOCUMENT # 620459

1. Corporation Name

RESIDUAL, INC.

Principal Place of Business	Mailing Address
2650 INDUSTRIAL PARKWAY P.O. BOX 407 MARINETTE WI 54143-0407	2650 INDUSTRIAL PARKWAY P.O. BOX 407 MARINETTE WI 54143-0407

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90262 039 ***150.00



	DO NOT	WRITE	IN	THIS	SPACE
			_		

					3. Date Incorporated or Qualifed 05/03/1979		ļ
a Division D	of Division	2a, Mailing Address			4. FEI Number		plied For
	ace of Business S. Oneida St.	26 2181 S. Oneida	a St.		59-1951149		t Applicable
21 2181 Suite, Apt.		Suite, Apt. #, etc.				\$8.75 A	Additional
	Box 28288	27 P.O. Box 28288	8		5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
	Bay, WI	28 Green Bay, WI			Trust Fund Contribution	Added t	,
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intai	ngible	
24 54324	25 U.S.A.	29 54324	o U.S	.A	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	-		10. Name and Address of New Registered A	gent	
	CARR RAVIAGNE		81	Name			
	GARD, RAYMOND		82	2 Street Add	iress (P.O. Box Number is Not Acceptable)		
	S OCEAN LN						
,	1403		8:	3			
F1. L	AUDERDALE FL 33316		84	4 City		85 Zip (Code
				'	FL		
office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obligat	of Florida. Such change was auti	norizea o	y ine corporau	poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoint	nanging its ment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	legistered Ag	ent signature require	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	С	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	KARGARD, RAYMOND		1.2 NAME	:			
STREET ADDRESS	2100 S OCEAN LANE #1403		1.3 STREI	ET AODRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	_	1.4 CITY-	ST-ZIP			
TITLE	D	⊠ DELETE	2.1 TITLE			☐ Change	Addition
NAME	ANDRESEN, RAYMOND		2.2 NAME	į			
STREET ADDRESS	950 COUNTRYSIDE DR #119		2.3 STREE	ET ADORESS			ĺ
CITY-ST-ZIP	PALATINE IL		2.4 CITY-	ST-ZIP			
TITLE	DCEO	⊠ DELETE •	3.1 TITLE			☐ Change	☐ Addition
NAME	GROSS, MARC V.		3.2 NAME	:			i
STREET ADDRESS	6030 RIDGE ROAD		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SHOREWOOD MN		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	41 TITLE			☐ Change	☐ Addition
NAME	Bauman, Merritt		4. 2 NAME	E			ļ
STREET ADDRESS	2739 RIVERSIDE AVENUE		4.3 STRE	ET ADDRESS	,		
CITY-ST-ZIP	MARINETTE WI		4.4 CITY-	ST-ZIP			
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition
NAME	SEBSTAD, BRADFORD		5.2 NAME				ļ
STREET ADDRESS	1983 CAMPHILL CIRCLE			ET ADORESS			j
CITY-ST-ZIP	INVERNESS IL		5.4 CITY-				
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	COMBS, C. CLIFFORD		6 2 NAME				
1	2520 MODOMEN I ANE		■ 63 STRE	ET ADDRESS			

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:

CITY-ST-ZIP

MARINETTE WI

KARGARD 3/8/99