

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90092 049 ***150.00

0687333

DOCUMENT # 806013

1. Entity Name

WARNER-JENKINSON COMPANY, INC.

Principal Place of Business

**433 E MICHIGAN ST.
 MILWAUKEE WI 53202-5104**

Mailing Address

**P.O. BOX 737
 MILWAUKEE WI 53201**

2. Principal Place of Business

777 E. Wisconsin Ave.
 Suite, Apt. #, etc.

3. Mailing Address

777 E. Wisconsin Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Milwaukee, WI

City & State

Milwaukee, WI

4. FEI Number

13-5185700

Applied For

Not Applicable

Zip

Country

53202-5304 USA

Zip

Country

53202-5304 USA

5. Certificate of Status Desired ☐

**\$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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RAYMONDS, STEVEN C.**
 STREET ADDRESS **433 EAST MICHIGAN STREET**
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE **PD** ☒ Delete
 NAME **WICK, MICHAEL A.**
 STREET ADDRESS **2526 BALDWIN ST**
 CITY-ST-ZIP **ST. LOUIS MO**

TITLE **AS** ☐ Delete
 NAME **FOELL, DARRELL, W**
 STREET ADDRESS **433 E MICHIGAN ST**
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE **V** ☐ Delete
 NAME **SOLTER, LANCE, E**
 STREET ADDRESS **2526 BALDWIN ST**
 CITY-ST-ZIP **ST LOUIS MO**

TITLE **TD** ☐ Delete
 NAME **SCHUMERT, ROBERT**
 STREET ADDRESS **2526 BALDWIN ST**
 CITY-ST-ZIP **ST LOUIS MO**

TITLE **VP** ☐ Delete
 NAME **KINNISON, JEROME**
 STREET ADDRESS **2526 BALDWIN ST**
 CITY-ST-ZIP **ST LOUIS MO**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **John R. Mudd**
 STREET ADDRESS **2526 Baldwin St.**
 CITY-ST-ZIP **St. Louis, MO 63106-1903**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **777 East Wisconsin Avenue**
 CITY-ST-ZIP **Milwaukee, WI 53202-5304**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darrell W. Foell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrell W. Foell
Asst. Secretary

4/30/01
 Date

(414) 271-6755
 Daytime Phone #

CR2E034 (10/00)