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

APPROVED AND FILED

95 APR 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807185 (4)

1. Corporation Name
HUFCOR, INC.

Principal Place of Business	Mailing Address
2101 KENNEDY ROAD BOX 591 JANESVILLE WI 53545 US	P.O. BOX 591 JANESVILLE WI 53537-0591 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1946
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 39-0359780 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BORDEN, J MICHAEL	12 NAME	
STREET ADDRESS	RT 5, BOX 280A	13 STREET ADDRESS	
CITY ST ZIP	DELAVAN WI	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT, FRANK R	22 NAME	
STREET ADDRESS	~~415 FOREST PARK BLVD~~	23 STREET ADDRESS	4014 Hearthstone Dr.
CITY ST ZIP	JANESVILLE WI	24 CITY ST ZIP	
TITLE	T	31 TITLE	Treasurer ☒ Change ☐ Addition
NAME	JOHNSON, NANCY J	32 NAME	Scott, Frank R
STREET ADDRESS	211 ROOSEVELT AVE	33 STREET ADDRESS	4014 Hearthstone Dr.
CITY ST ZIP	JANESVILLE WI	34 CITY ST ZIP	Janesville, WI 53546
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, DON C	42 NAME	
STREET ADDRESS	204 SEMINOLE RD	43 STREET ADDRESS	
CITY ST ZIP	JANESVILLE WI	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	HOUGH, ALBERT R	52 NAME	
STREET ADDRESS	432 SOUTH HARMONY DR	53 STREET ADDRESS	
CITY ST ZIP	JANESVILLE WI	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	SWENSON, BERNICE I	62 NAME	
STREET ADDRESS	1820 N PONTIAC DR	63 STREET ADDRESS	
CITY ST ZIP	JANESVILLE WI	64 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)(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 above, or on an attachment with this address.

SIGNATURE: [signature] Frank R. Scott 4/18/95 (608)756-1241
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0110247 FN