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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:24

DOCUMENT # 820170 (9)

1. Corporation Name
FILBERT CORPORATION

Principal Place of Business
2217 SOUTH 1ST STREET
MILWAUKEE WISCONSIN 53207

Mailing Address
2217 SOUTH 1ST STREET
MILWAUKEE WISCONSIN 53207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1967
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1154527 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business: 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address: 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

JOHNSON, KENNETH W.
SUITE 1410
251 ALTAMONTE COMMERCE BLVD.
ALTAMONTE SPRINGS FL 32714

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 ______

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	ANGER, S E
STREET ADDRESS	2217 SOUTH FIRST STREET
CITY-ST-ZIP	MILWAUKEE WI
TITLE	SD
NAME	WEGNER, K E
STREET ADDRESS	2217 SOUTH FIRST STREET
CITY-ST-ZIP	MILWAUKEE WI
TITLE	D
NAME	RYAN, L. V.
STREET ADDRESS	2217 SOUTH FIRST STREET
CITY-ST-ZIP	MILWAUKEE WI
TITLE	VD
NAME	HALL, R A
STREET ADDRESS	2217 SOUTH FIRST STREET
CITY-ST-ZIP	MILWAUKEE WI
TITLE	CDP
NAME	SZYMASZEK, P G
STREET ADDRESS	2217 SOUTH FIRST STREET
CITY-ST-ZIP	MILWAUKEE WI
TITLE	D
NAME	BLUMENTHAL, R. S.
STREET ADDRESS	2217 SOUTH FIRST STREET
CITY-ST-ZIP	MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition / 62 NAME / 63 STREET ADDRESS / 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(1)(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.

SIGNATURE: [signature] S.E. ANGER, TREASURER 2-8-95 (414)744-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400167 FP