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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **820170** **(9)**

1. Corporation Name

FILBERT CORPORATION

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

3. Date Incorporated or Qualified: **01/17/1967**

3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21 5555 S PACKARD AVE
22 Suite, Apt. #, etc.
23 City & State: CUDAHY WI 53110-8904
24 Zip
25 Country

2a. Mailing Address
26 5555 S PACKARD AVENUE
27 Suite, Apt. #, etc.: P O BOX 8904
28 City & State: CUDAHY WI 53110-8904
29 Zip
30 Country

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 ☒ Yes ☐ No

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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANGER, S E 2217 SOUTH FIRST STREET MILWAUKEE WI	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEGNER, K E 2217 SOUTH FIRST STREET MILWAUKEE WI	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	5555 SOUTH PACKARD AVENUE CUDAHY WI 53110-8904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, L. V. 2217 SOUTH FIRST STREET MILWAUKEE WI	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	5555 SOUTH PACKARD AVENUE CUDAHY WI 53110-8904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HALL, R A 2217 SOUTH FIRST STREET MILWAUKEE WI	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	5555 SOUTH PACKARD AVENUE CUDAHY WI 53110-8904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP SZYMASZEK, P G 2217 SOUTH FIRST STREET MILWAUKEE WI	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	5555 SOUTH PACKARD AVENUE CUDAHY WI 53110-8904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUMENTHAL, R. S. 2217 SOUTH FIRST STREET MILWAUKEE WI	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5555 SOUTH PACKARD AVENUE CUDAHY WI 53110-8904	☒ Change ☐ Addition

CR2E034 (12/95)

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: K E Wegner K E WEGNER — 414-744-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #