

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 5555 S PACKARD AVENUE CUDAHY WI 53110-8904 US	Mailing Address 5555 SOUTH PACKARD AVENUE P.O. BOX 8904 CUDAHY WI 53110-8904 US
---	---

3. Date Incorporated or Qualified 01/17/1967	3a. Date of Last Report 03/13/1996
4. FEI Number 59-1154527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	Controller - Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEGNER, K E	1.2 NAME	Scott L Lueder
STREET ADDRESS	5555 S PACKARD AVENUE	1.3 STREET ADDRESS	5555 South Packard Ave
CITY - ST - ZIP	CUDAHY WI	1.4 CITY - ST - ZIP	Cudahy, WI 53110
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, L. V.	2.2 NAME	
STREET ADDRESS	5555 SOUTH PACKARD AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CUDAHY WI	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, R A	3.2 NAME	
STREET ADDRESS	5555 S PACKARD AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CUDAHY WI	3.4 CITY - ST - ZIP	
TITLE	CDP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZYMASZEK, P G	4.2 NAME	
STREET ADDRESS	5555 S PACKARD AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CUDAHY WI	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, R. S.	5.2 NAME	
STREET ADDRESS	5555 S PACKARD AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CUDAHY WI	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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

SIGNATURE: *Scott L Lueder* **Scott L Lueder** 1/31/97 414-744-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)