

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 834880

(7)

1. Corporation Name

SHADE/ALLIED INC.

**APPROVED
AND
FILED**
95 MAY -1 AM 9:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**333 MAIN STREET
P. O. BOX 19730
GREEN BAY WI 54307-9730
US**

**333 MAIN STREET
P. O. BOX 19730
GREEN BAY WI 54307-9730
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

39-1050711

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KEMERLING, JAMES L. (Delete)
4551 SEMINOLE TR.
GREEN BAY WI**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**P/D
Harold L. Ellsworth
4494 Seminole Trail
Green Bay, WI 54313**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HAGGERTY, JAMES A.
1625 HALSEY ST.
GREEN BAY WI**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KRESS, JAMES F (Delete)
800 GLENWOOD AVE
DE PERE, WI 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**V/S
Robert M. Wilson
4690 Somerset Court
Brookfield, WI 53045**
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVT
KRUEGER, ROBERT E.
721 JAMESTOWN CT.
GREEN BAY WI**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**V/T
Robert E. Krueger
Jamestown Ct.
Green Bay, WI 54301**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
YURJEVICH, GLEN S.
2032 CANDLE WAY
GREEN BAY WI**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BYRNES, JOHN T.
770 N. WATER ST.
MILWAUKEE WI**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**D
John T. Byrnes
770 N. Water Street
Milwaukee, WI 53202**
☒ Change ☐ Addition

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 110.07(3)(b), 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:

Robert E. Krueger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Krueger, Vice President & Treasurer

4-28-95

414/432-6700