

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 834880 (7)

1. Corporation Name
SHADE/ALLIED INC.



Principal Place of Business: 333 MAIN STREET, P. O. BOX 19730, GREEN BAY WI 54307-9730 US
Mailing Address: 333 MAIN STREET, P. O. BOX 19730, GREEN BAY WI 54307-9730 US

3. Date Incorporated or Qualified: 08/20/1975
3a. Date of Last Report: 05/01/1995

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

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 or officer)

(Date) (Day) (Month) (Year)

(Date) (Day) (Month) (Year)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	PD	DELETE	1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSWORTH, HAROLD I.		2. NAME		
STREET ADDRESS	4494 SEMINOLE TRAIL		3. STREET ADDRESS	2516 Ascot Place	
CITY-ST-ZIP	GREEN BAY WI		4. CITY-ST-ZIP	Suamico, WI 54173	
TITLE	V	DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGGERTY, JAMES A.		6. NAME		
STREET ADDRESS	1625 HALSEY ST.		7. STREET ADDRESS		
CITY-ST-ZIP	GREEN BAY WI		8. CITY-ST-ZIP		
TITLE	VS	DELETE	9. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT M.		10. NAME		
STREET ADDRESS	4690 SOMERSET COURT		11. STREET ADDRESS	4494 Seminole Trail	
CITY-ST-ZIP	BROOKFIELD WI		12. CITY-ST-ZIP	Green Bay, WI 54313	
TITLE	VT	DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, ROBERT E.		14. NAME		
STREET ADDRESS	721 JAMESTOWN CT.		15. STREET ADDRESS		
CITY-ST-ZIP	GREEN BAY WI		16. CITY-ST-ZIP		
TITLE	V	DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURJEVICH, GLEN S.		18. NAME		
STREET ADDRESS	2032 CANDLE WAY		19. STREET ADDRESS		
CITY-ST-ZIP	GREEN BAY WI		20. CITY-ST-ZIP		
TITLE	D	DELETE	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNES, JOHN T		22. NAME		
STREET ADDRESS	770 N. WATER STREET		23. STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI		24. 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)(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: *Robert E. Krueger* Robert E. Krueger 4-17-96 414-432-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day) (Month) (Year) (Day) (Month) (Year)

CR2E034 (12/95)