


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

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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834880** (7)  
1. Corporation Name  
**SHADE/ALLIED INC.**



Principal Place of Business <b>333 MAIN STREET P. O. BOX 19730 GREEN BAY WI 54307-9730 US</b>	Mailing Address <b>333 MAIN STREET P. O. BOX 19730 GREEN BAY WI 54307-9730 US</b>
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3. Date Incorporated or Qualified <b>08/20/1975</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>39-1050711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 <b>FL</b>
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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	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ELLSWORTH, HAROLD I.</b>
STREET ADDRESS	<b>2516 ASCOT PLACE</b>
CITY-ST-ZIP	<b>SUAMICO WI</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAGGERTY, JAMES A.</b>
STREET ADDRESS	<b>1625 HALSEY ST.</b>
CITY-ST-ZIP	<b>GREEN BAY WI</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, ROBERT M.</b>
STREET ADDRESS	<b>4494 SEMINOLE TRAIL</b>
CITY-ST-ZIP	<b>GREEN BAY WI</b>
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRUEGER, ROBERT E.</b>
STREET ADDRESS	<b>721 JAMESTOWN CT.</b>
CITY-ST-ZIP	<b>GREEN BAY WI</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>YURJEVICH, GLEN S.</b>
STREET ADDRESS	<b>2032 CANDLE WAY</b>
CITY-ST-ZIP	<b>GREEN BAY WI</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BYRNES, JOHN T</b>
STREET ADDRESS	<b>770 N. WATER STREET</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D/CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Charles G. Hanson, III</b>
1.3 STREET ADDRESS	<b>17304 Preston Rd, Suite 700</b>
1.4 CITY-ST-ZIP	<b>Dallas, TX 75252</b>
2.1 TITLE	<b>D/COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Russell M. Gurd</b>
2.3 STREET ADDRESS	<b>17304 Preston Rd, Suite 700</b>
2.4 CITY-ST-ZIP	<b>Dallas, TX 75252</b>
3.1 TITLE	<b>CFO/s/o</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kevin W. McAker</b>
3.3 STREET ADDRESS	<b>17304 Preston Rd, Suite 700</b>
3.4 CITY-ST-ZIP	<b>Dallas, TX 75252</b>
4.1 TITLE	<b>V-Finance</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Frank G. Gino</b>
4.3 STREET ADDRESS	<b>17304 Preston Rd, Suite 700</b>
4.4 CITY-ST-ZIP	<b>Dallas, TX 75252</b>
5.1 TITLE	<b>V-Controller / Asst. S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>William W. Solomon, Jr.</b>
5.3 STREET ADDRESS	<b>17304 Preston Rd, Suite 700</b>
5.4 CITY-ST-ZIP	<b>Dallas, TX 75252</b>
6.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>John S. Grymes</b>
6.3 STREET ADDRESS	<b>17304 Preston Rd, Suite 700</b>
6.4 CITY-ST-ZIP	<b>Dallas, TX 75252</b>

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:  **WILLIAM W. SOLOMON, JR.** DATE: \_\_\_\_\_ DAYTIME PHONE: **(972) 782-6200**

CR2E034 (9/96)

**SHADE/ALLIED, INC.**

**1997 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**BLOCK 12 ADDITIONAL OFFICER**

**Attachment A**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>
H. Craig Stoudt	P	17304 Preston Road, Suite 700, Dallas, TX 75252	(972) 733-6200