05-07-1999 90099 003 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 835748

<ol> <li>Corporation</li> </ol>	n Name									
WRIGHT	LINE INC.									
						<u> </u>				
Principal Place	e of Business	Mailing Address				1 199194 19194 11191 9111 1911 91947 1911				
160 GOLD STAF	==-=	P. O. BOX 325								
WORCESTER MA 01606 MILWAUKEE WI 53201					٠	DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
						01/05/1976				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applie	ed For	
21		26				04-2576375		<del></del>	pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	75 Add	litional	
22	Company or	27				5. Certifcate of Status Desired	Fe	e Requi	ired	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.	.00 ма	зу Ве	
23		28				Trust Fund Contribution	Add	ded to F	ees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year		-		
24	25		0			Personal Property Tax.	☐ Yes		No	
	9. Name and Address of Current	Registered Agent	81	l. Names		10. Name and Address of New Register	ed Agent			
CT C	ORPORATION SYSTEM		*	Name						
1200 S. PINE ISLAND ROAD			82	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83	,—–		<del>_</del>				
	***************************************		0`	'						
			84	City		,	5L 85	Zip Cod	le	
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	/e-named i	cornor	ration euhmite this statement for the nurross	of changing	a its rec		
office or r	egistered agent or both in the State o	if Florida. Such change was aut	horized by	/ the corpo	ration	's board of directors. I hereby accept the ap	pointment a	is regist	lered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fiond	ia Statute	S.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: P	legistered Age	ent signature re	equired v	when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE			
TITLE	VT	☐ DELETE	1.1 TITLE		Pr	resident ,	Chai	nge	Addition	
NAME	Dorszynski, Douglas R		1.2 NAME		Lo	gan, David				
STREET ADORESS	13000 W SILVER SPRING DR		1.3 STREE	ET ADDRESS		6 Gold Star Blvd.				
CITY-ST-ZIP			1.4 CITY-	1.4 CITY-ST-ZIP		Jorcester MA 01606				
TITLE	SD			TITLE V			Cha	nge	Addition	
NAME	ASMUTH, ANTHONY W		2.2 NAME	2.2 NAME		lahoney, Denis O Gold Star Blud.				
STREET ADDRESS	13000 W SILVER SPRING DR									
CITY-ST-ZIP	BUTLER WI					Jarcester, MA 01606			Addition	
TITLE	D	DELETE 3.1 TI		TILE D		irector D. I N	☐ Chai	nge	Addition	
NAME	LAMPEREUR, ANDREW G			3.2 NAME Ca		eroll, Richard D.				
STREET ADORESS	13000 W SILVER SPRING DR			T ADDRESS	녆	000 W. Silver Spring Drive				
CITY-ST-ZIP	BUTLER WI	- Interest	3.4. CITY-	ST-ZIP	-50	utler, WI 53007	Cha	Inde	☐ Addition	
TITLE	P DUDYART BUILD T	<b>☑</b> DELETE	4.1 TITLE	_			Шола	ingu		
NAME	BURKART, PHILIP T		4. 2 NAME							
STREET ADDRESS	160 GOLD STAR BLVD			ET ADORESS						
CITY-ST-ZIP	WORCESTER MA	☐ DELETE	4.4 CITY-				☐ Cha	e	Addition	
TITLE	D CHADD C		5.1 TITLE 5.2 NAME	1						
NAME	SIM, RICHARD G.			ET ADDRESS						
STREET ADDRESS	5231 HIGHWAY 83		5.4 CITY-							
CITY-ST-ZIP	HARTLAND WI	☐ DELETE	6.1 TITLE				Cha	nge	Addition	
TITLE	ADTRACCUED DOREDT C	☐ <u>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</u>	6.2 NAME					<b>a</b> -		
NAMÉ	ARZBAECHER, ROBERT C			ET ADDRESS						
STREET ADDRESS	13000 W SILVER SPRING DR		1 OUGINE	., 1251123						

CITY-ST-ZIP 14. I 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 fustee empowered to exempte 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**BUTLER WI 53007** 

414-783-927*9*