

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 842488 (9)

1. Corporation Name:

SPRINGS WINDOW FASHIONS DIVISION, INC.

Principal Place of Business

7549 GRABER ROAD
MIDDLETON WI 53562

Mailing Address

P. O. BOX 111, TAX DEPT.
LANCASTER SC 29721
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1979		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 36-2998685		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. City	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVEAREUX, LANCE	1.2 NAME	
STREET ADDRESS	7549 GRABER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON WI	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ROBERT W.	2.2 NAME	
STREET ADDRESS	205 N WHITE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSETT, C POWERS	3.2 NAME	
STREET ADDRESS	205 N. WHITE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHN, JAMES	4.2 NAME	
STREET ADDRESS	205 N. WHITE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MILL SC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELBLEY, STEPHEN P	5.2 NAME	
STREET ADDRESS	205 N. WHITE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MILL SC	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEESFELD, TIMOTHY L	6.2 NAME	
STREET ADDRESS	1100 GRACE AVE/HWY 9	6.3 STREET ADDRESS	136 GRACE AVE/HWY 9
CITY-ST-ZIP	LANCASTER SC	6.4 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:

Timothy L Theesfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

01-25-96

803/286-2321

Date

Daytime Phone #

CR2E034 (12/95)