

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 009 ***150.00

DOCUMENT # 850149
1. Entity Name
BOSS MANUFACTURING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 221 W. FIRST ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEWANEE, IL		City & State	
Zip 61443	Country USA	Zip	Country

14019842

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-0827340		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CFO
NAME LANCASTER, J B
STREET ADDRESS 221 W. FIRST ST.
CITY - ST - ZIP KEWANEE, IL 61443
TITLE S
NAME WILLIAMS, BEVERLY J
STREET ADDRESS 221 W. FIRST ST.
CITY - ST - ZIP KEWANEE, IL 61443
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12. 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 report or supplemental 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 309-852-2131