

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90015 049 ***150.00

DOCUMENT # 851783
 1. Entity Name
C. L. SWANSON CORPORATION

Principal Place of Business Mailing Address
4501 FEMRITE DRIVE **4501 FEMRITE DRIVE**
MADISON WI 53716 **MADISON WI 53716-4123**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
39-0975669 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
QUALE, NORMAN H.
1750 RINGLING BOULEVARD
SARASOTA FL 33579

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE Norman H. Quale
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	SWANSON, CHARLES L, JR
STREET ADDRESS	4178 ROBERTS POINT CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	S <input type="checkbox"/> Delete
NAME	EGAN, ROBERT J
STREET ADDRESS	4816 MIDMOOR LANE
CITY-ST-ZIP	MONONA WI
TITLE	V <input type="checkbox"/> Delete
NAME	JUSTUS, BOBBY D.
STREET ADDRESS	2005 ROSEMOND
CITY-ST-ZIP	JONESBORO AR
TITLE	P <input type="checkbox"/> Delete
NAME	SWANSON, MICHAEL R.
STREET ADDRESS	4709 TONYAWATHA TRAIL
CITY-ST-ZIP	MONONA WI
TITLE	T <input type="checkbox"/> Delete
NAME	SWANSON, HANNAH
STREET ADDRESS	1348 POINT CRISP ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	V <input type="checkbox"/> Delete
NAME	ZIMMERMAN, ELDON L
STREET ADDRESS	706 HILLCREST LN
CITY-ST-ZIP	OREGON WI

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4424 Camino Real
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	340 SOUTH PALM AVE. APT 44
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles L. Swanson* **DATE** 1/18/00 **DAYTIME PHONE #** 608-221-7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)