


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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 853040 (4)</b> 1. Corporation Name <b>BRANDT SYSTEMS, INC.</b>					
Principal Place of Business <b>705 S. 12TH ST WATERTOWN WI 53094</b>			Mailing Address <b>%LEFEBURE CORP. 308 29TH ST NE CEDAR RAPIDS IA 52402 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/02/1982</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>39-0179510</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	PATTEN, JOSEPH P	C/O LE FEBURE MFG CORP. 308 29TH ST N.E. CEDAR RAPIDS IA 52402	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DVPT	BRENNAN, WILLIAM J	C/O LE FEBURE MFG CORP. 308 29TH ST N.E. CEDAR RAPIDS IA	1.2 NAME	
	EVP	SIEGEL, JONATHAN	%LE FEBURE CORP 308 29TH ST NE CEDAR RAPIDS IA	1.3 STREET ADDRESS	
	ATAS	FLOMING, TIMOTHY D	C/O LE FEBURE MFG CORP. 308 29TH ST N.E. CEDAR RAPIDS IA 52402	1.4 CITY-ST-ZIP	
				2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				2.2 NAME	<b>SVP, CFO, SECY/TREAS</b>
				2.3 STREET ADDRESS	<b>TULLIO GATTI</b>
				2.4 CITY-ST-ZIP	<b>4300 LONETREE CT NAPERVILLE IL 60564</b>
				3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				3.2 NAME	<b>SVP</b>
				3.3 STREET ADDRESS	<b>JAMES R. HUSVAR</b>
				3.4 CITY-ST-ZIP	<b>1570 JONQUIL MEADOW DR. CINCINNATI OH 45240</b>
				4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				4.2 NAME	<b>ASST SECY, ASST TREAS</b>
				4.3 STREET ADDRESS	<b>JACQUELINE L. GIMBERLINE</b>
				4.4 CITY-ST-ZIP	<b>408 ZELDA DR. N.W. CEDAR RAPIDS, IA 52405</b>
				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 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 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: \_\_\_\_\_

CR2E034 (10/97)