

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90554 035 ***150.00

DOCUMENT # F00000004283

1. Entity Name

RYAN INCORPORATED CENTRAL



Principal Place of Business

2700 EAST RACINE STREET
JANESVILLE WI 53547-0206

Mailing Address

PO BOX 206
JANESVILLE WI 53547-0206

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

39-1512084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD RYAN, PATRICK W	<input type="checkbox"/> Delete
STREET ADDRESS	2700 E. RACINE ST.	
CITY-ST-ZIP	JANESVILLE WI	
TITLE NAME	VD RYAN, MATTHEW J	<input type="checkbox"/> Delete
STREET ADDRESS	2700 E. RACINE ST.	
CITY-ST-ZIP	JANESVILLE WI	
TITLE NAME	VD RYAN, DAVID P	<input type="checkbox"/> Delete
STREET ADDRESS	2700 E. RACINE ST.	
CITY-ST-ZIP	JANESVILLE WI	
TITLE NAME	SD RYAN, JAMES W	<input type="checkbox"/> Delete
STREET ADDRESS	2700 E. RACINE ST.	
CITY-ST-ZIP	JANESVILLE WI	
TITLE NAME	TD RYAN, NANCY C	<input type="checkbox"/> Delete
STREET ADDRESS	2700 E. RACINE ST.	
CITY-ST-ZIP	JANESVILLE WI	
TITLE NAME	AS VORPHAL, RICHARD G	<input type="checkbox"/> Delete
STREET ADDRESS	2700 E. RACINE ST.	
CITY-ST-ZIP	JANESVILLE WI	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V. Pres - General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Adam S. Ryan	
CITY-ST-ZIP	2700 E Racine Street Janesville, WI 53545	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, 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 #

4.21.04

608/754-2291