

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
 02-14-2002 90019 005 ***150.00

DOCUMENT # F00000005428

1. Entity Name
QUALINK, INC.

Principal Place of Business
2520 SOUTH 170TH STREET
NEW BERLIN WI 53151-0955

Mailing Address
2520 SOUTH 170TH STREET
NEW BERLIN WI 53151-0955

2. Principal Place of Business
2520 S. 170th Street
 Suite, Apt. #, etc.
P.O. Box 510955

3. Mailing Address
2520 S. 170th Street
 Suite, Apt. #, etc.
P.O. Box 510955

City & State
New Berlin, WI

City & State
New Berlin, WI

4. FEI Number
39-1758994

Applied For
 Not Applicable

Zip
53151-0955

Country
US

Zip
53151-0955

Country
US

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.

SIGNATURE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTCD
BEFFA, TIMOTHY G
390 SOUTH WOODS MILL ROAD, SUITE 350
CHESTERFIELD MO 63017 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DAS
HOFFMAN, RICHARD C
390 SOUTH WOODS MILL ROAD, SUITE 350
CHESTERFIELD MO 63017 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WELLER, GARY L
390 SOUTH WOODS MILL ROAD, SUITE 350
CHESTERFIELD MO 63017 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VS
SEELING, RICHARD N
2520 SOUTH 170TH STREET
NEW BERLIN WI 53151 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Richard N. Seeling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard N. Seeling**
 Vice President / Secretary

1-1602

(262) 780-2000

Date

Daytime Phone #

CR2E034 (9/01)