2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000007257

1. Entity Name
TWIN DISC, INCORPORATED

Principal Place of Business	Mailing Address
1328 RACINE ST RACINE, WI 53403	1328 RACINE ST RACINE, WI 53403

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
39-0667110
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BATTEN, MICHAEL E
STREET ADDRESS	1328 RACINE ST
CITY-ST-ZIP	RACINE, WI 53403
TITLE	DP
NAME	JOYCE, MICHAEL H
STREET ADDRESS	1328 RACINE ST
CITY-ST-ZIP	RACINE, WI 53403
TITLE	VS
NAME	TIMM, F.H.
STREET ADDRESS	1328 RACINE ST
CITY-ST-ZIP	RACINE, WI 53403
TITLE	D
NAME	MELLOWS, JOHN A
STREET ADDRESS	9560 N LAKE DRIVE
CITY-ST-ZIP	MILWAUKEE, WI 53217
TITLE	D
NAME	POWERS, PAUL J
STREET ADDRESS	1252 MORNINGSIDE PLACE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	RAYBURN, DAVID B
STREET ADDRESS	3301 MICHIGAN BLVD
CITY-ST-ZIP	RACINE, WI 53406

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05/04/04-80029-025 150.00

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

SIGNATURE: F.H. Timm F.H. TIMM, VP-ADMIN 4/26/04 262-638-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #