


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90638 025 ***150.00

DOCUMENT # F01000001912

1. Entity Name
SWF, INC.



Principal Place of Business
**205 NORTH WHITE STREET
FORT MILL SC 29715**

Mailing Address
**205 NORTH WHITE STREET
FORT MILL SC 29715**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **58-2585829**

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**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	VSD	<input type="checkbox"/> Delete
NAME	DORSETT, C. POWERS	
STREET ADDRESS	205 NORTH WHITE STREET	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	SULLIVAN, ROBERT W	
STREET ADDRESS	205 NORTH WHITE STREET	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	THEESFELD, TIMOTHY L	
STREET ADDRESS	205 NORTH WHITE STREET	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	T	<input type="checkbox"/> Delete
NAME	ILARDO, SAMUEL J	
STREET ADDRESS	205 NORTH WHITE STREET	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZABEL, RONALD W	
STREET ADDRESS	7549 GRABER ROAD	
CITY-ST-ZIP	MIDDLETON WI 53562	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
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		
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: *Timothy L Theesfeld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2003 803/286-2321
Date Daytime Phone #

CRE034 (10/02)