FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92210 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000003602**

1. Entity Name
PRECISION FABRICATION TECHNOLOGIES, INC.

11041875

Principal Place of Business	Mailing Address
924 WEST STATE ROAD #16 MONON, IN 47959-0716	PO BOX 716 MONON, IN 47959-0716

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 806 Suite, Apt. #, etc.
City & State	City & State Pewaukee, WI
Zip / Country	Zip 53072 / Country

4. FEI Number: 35-1725192 ☐ 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: Michael Gasick
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

C. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALBRECHT, WILLIAM J N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Susan M. Hrobar N22 W23685 Ridgeview PKWY Waukesha, WI 53188	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARROLL, RICHARD D N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ADAMS, TODD A N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEDERMAN, HOWARD N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAXWELL IV, JAMES N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Michael F. Gasick N22 W23685 Ridgeview PKWY Waukesha, WI 53188	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIM, RICHARD G N22 W23685 RIDGEVIEW PKWY WEST WAUKESHA, WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Michael Gasick 4/30/03 262-523-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #