


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 OCT 18 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002211		
1. Entity Name INTERIOR SYSTEMS, INC.		

Principal Place of Business 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936	Mailing Address P.O. BOX 3134 MILWAUKEE, WI 53201-3134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent SCHUSTER, BARRY M UNIVERSAL SEATING CO. 10421 ST. AUGUSTINE RE. JACKSONVILLE, FL 32257	
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07203007 Chg-P CR2E034 (12/06)

REINSTATEMENT

4. FEI Number
39-1339985

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

7. Name and Address of New Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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 *Kristine Heiberger* Kristine Heiberger
Signature, typed or printed name of registered agent and title if applicable. Assistant Secretary
DATE 11-30-07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOVINET, LINDSEY 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROBE, DARIN 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600110947496 10/18/07--01021--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: *Lindsey Bovinet* LINDSEY BOVINET 10/4/07 224-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9 March OCT 18 2007