

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005816

Entity Name: SANI-MATIC, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

932 DEVELOPMENT DRIVE  
LODI, WI 53555

## New Principal Place of Business:

## Current Mailing Address:

932 DEVELOPMENT DRIVE  
LODI, WI 53555

## New Mailing Address:

FEI Number: 39-2044486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: HINDERAKER, PHIL  
Address: 932 DEVELOPMENT DRIVE  
City-St-Zip: LODI, WI 53555

Title: D ( ) Delete  
Name: MARKOS, DENNIS  
Address: 932 DEVELOPMENT DRIVE  
City-St-Zip: LODI, WI 53555

Title: D ( ) Delete  
Name: TAYLOR, GUS  
Address: 932 DEVELOPMENT DRIVE  
City-St-Zip: LODI, WI 53555

Title: D ( ) Delete  
Name: ADKINS, G. WOODROW  
Address: 932 DEVELOPMENT DRIVE  
City-St-Zip: LODI, WI 53555

Title: D ( ) Delete  
Name: WALSH, DAVID G  
Address: 150 E. GILMAN STREET  
City-St-Zip: MADISON, WI 53703

Title: D ( ) Delete  
Name: MORTENSON, LOREN  
Address: 3113 W. BELTLINE HWY.  
City-St-Zip: MADISON, WI 53713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE SMITH

TRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date