2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005816

Entity Name: SANI-MATIC, INC

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: 932 DEVELOPMENT DRIVE LODI, WI 53555 Current Mailing Address: 932 DEVELOPMENT DRIVE 932 DEVELOPMENT DRIVE 932 DEVELOPMENT DRIVE 932 DEVELOPMENT DRIVE 933 DEVELOPMENT DRIVE PO BOX 8682 MADISON, WI 53708 FEI Number: 39-2044486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status De Name and Address of Current Registered Agent: CI CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agen in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Title: DC () Delete Name: HINDERAKER, PHIL Address: HINDERAKER, PHIL Address: HINDERAKER, PHIL Address: 1915 STOUGHFION RD City-8-12jp: LODI, WI 53555 City-8-12jp: LODI, WI 53555 City-8-12jp: LODI, WI 53555 Title: D () Delete Name: MARKOS, DENNIS Name: MARKOS, DENNIS Name: MARKOS, DENNIS Name: TAYLOR, GUS Name: Address: 1915 STOUGHFION RD City-8-12jp: LODI, WI 53555 Title: D () Delete Name: TAYLOR, GUS Name: Address: 1915 STOUGHFION RD City-8-12jp: MADISON, WI 53716 Title: D () Delete Name: TAYLOR, GUS Name: Address: 1915 STOUGHFION RD City-8-12jp: MADISON, WI 53716 Title: D () Olester Name: Address: 1915 STOUGHFION RD City-8-12jp: MADISON, WI 53716 Title: D () Olester Name: Address: 1915 STOUGHFION RD City-8-12jp: MADISON, WI 53716 Title: D () Olester Name: Address: 1915 STOUGHFION RD City-8-12jp: MADISON, WI 53716 Title: D () Olester Name: Address: 1915 STOUGHFION RD City-8-12jp: MADISON, WI 53713 City-8-12jp: MADISON, WI 53713	•		,					
Current Mailing Address: 932 DEVELOPMENT DRIVE LODI, WI 53555 FEI Number: 39-2044486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status De Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND Title: DC () Delete Name: HINDERAKER, PHIL Name: MARKOS, DENNIS Naddress: 392 DEVELOPMENT DRIVE City-St-Zip: LODI, WI 53555 Title: D () Delete Name: MARKOS, DENNIS Name: TAYLOR, GUS Name: TAYLOR, GUS Name: TAYLOR, GUS Name: TAYLOR, GUS Name: Address: 392 DEVELOPMENT DRIVE City-St-Zip: LODI, WI 53555 Title: D () Delete Title: D () Change () Addition Name: TAYLOR, GUS Name: TAYLOR, G	Current Principal Place of Business:				New Principal Place of Business:			
PO BOX 8662 MADISON, WI 53708 FEI Number: 39-2044486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status De Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date								
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Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND Title: DC () Delete Title: DC (X) Change () Addition Name: HINDERAKER, PHIL Address: D2 (X) Change () Addition Name: HINDERAKER, PHIL Address: D32 DEVELOPMENT DRIVE Address: D32 DEVELOPMENT DRIVE D1 (X) Change () Addition Name: MARKOS, DENNIS Name: N	1200 S. PI PLANTATI The above	NE ISLAND RE ION, FL 33324 and a named entity s	D. US	ourpose of cha	anging it	s registered o	office or regi	stered agent, or both
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAT GAVIN SEC 04/25/2006