

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 043 ***150.00

DOCUMENT # F04000002999

1. Entity Name
THE MILLS COMPANY



Principal Place of Business
112 RIVER STREET
UPPER SANDUSKY, OH 43351

Mailing Address
112 RIVER STREET
UPPER SANDUSKY, OH 43351

40000000



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0404690

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSEN, WILLIAM C
STREET ADDRESS W142 N9101 FOUNTAIN BLVD.
CITY-ST-ZIP MENOMONEE FALLS, WI 53051

TITLE V
NAME ZINGSHEIM, STEVEN Y
STREET ADDRESS W142 N9101 FOUNTAIN BLVD.
CITY-ST-ZIP MENOMONEE FALLS, WI 53051

TITLE ST
NAME KLECZKA, JOHN C
STREET ADDRESS W142 N9101 FOUNTAIN BLVD.
CITY-ST-ZIP MENOMONEE FALLS, WI 53051

TITLE C
NAME MULLETT, DONALD H
STREET ADDRESS W142 N9101 FOUNTAIN BLVD.
CITY-ST-ZIP MENOMONEE FALLS, WI 53051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

John C Kleczka *JOHN C KLECZKA* *VB 1/23/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #