

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004577

FILED
Jan 14, 2009
Secretary of State

Entity Name: MILWAUKEE INSULATION COMPANY, INC.

Current Principal Place of Business:

4700 N 129TH ST
BUTLER, WI 530070650

New Principal Place of Business:

Current Mailing Address:

4700 N 129TH ST.
BUTLER, WI 5307-0650

New Mailing Address:

FEI Number: 39-0926269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: DP () Delete
Name: SZERBAT, JEROME G
Address: 11124 N RIVERLAND CT
City-St-Zip: MEQUON, WI 53092

Title: DT () Delete
Name: RHODES, JR, CLYDE A
Address: 13219 HUNTLEY CT
City-St-Zip: APPLE VALLEY, MN 55124

Title: D () Delete
Name: MOEN, BARRETT W
Address: 8017 PENNSYLVANIA RD
City-St-Zip: BLOOMINGTON, MN 55438

Title: VP () Delete
Name: LAMBRECHT, JEFFREY A
Address: 6821 W LIMA
City-St-Zip: MILWAUKEE, WI 53223

Title: VP () Delete
Name: CARLSON, MARK S
Address: 2805 HOLLYHOCK ST
City-St-Zip: FITCHBURG, WI 53711

Title: SECR () Delete
Name: VOGEL, PAMELA J
Address: 2400 WYCLIFF ST.
City-St-Zip: ST. PAUL, MN 55114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: PAMELA J. VOGEL

SEC

01/14/2009

Electronic Signature of Signing Officer or Director

Date