

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005604

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: SPRINGS WINDOW FASHIONS MANUFACTURING CO. USA, INC.

**Current Principal Place of Business:**

7549 GRABER RD  
MIDDLETON, WI 53562

**New Principal Place of Business:**

**Current Mailing Address:**

7549 GRABER RD  
MIDDLETON, WI 53562

**New Mailing Address:**

FEI Number: 57-1086511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331 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: CD ( ) Delete  
Name: ZABEL, RONALD W  
Address: 7549 GRABER RD  
City-St-Zip: MIDDLETON, WI 53562

Title: P ( ) Delete  
Name: FAWCETT, SCOTT L  
Address: 7549 GRABER RD  
City-St-Zip: MIDDLETON, WI 53562

Title: VPT ( ) Delete  
Name: CABLE, STEVEN L  
Address: 7549 GRABER RD  
City-St-Zip: MIDDLETON, WI 53562

Title: D ( ) Delete  
Name: CABLE, STEVEN L  
Address: 7549 GRABER RD  
City-St-Zip: MIDDLETON, WI 53562

Title: ASAT ( ) Delete  
Name: KLUTH, JOHN P  
Address: 7549 GRABER RD  
City-St-Zip: MIDDLETON, WI 53562

Title: SEC (X) Delete  
Name: EMERSON, FORREST  
Address: 7549 GRABER ROAD  
City-St-Zip: MIDDLETON, WI 53562

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: CABLE, STEVEN L  
Address: 7549 GRABER RD  
City-St-Zip: MIDDLETON, WI 53562

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 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: JOHN KLUTH

ASAT

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date