

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90024 045 ***150.00

DOCUMENT # F93000000218

1. Entity Name

LINDSAY WIRE, INC.

Principal Place of Business

**220 PRICE STR
 FLORENCE MS 39073
 US**

Mailing Address

**220 PRICE STR
 FLORENCE MS 39073-8488
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0823478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME CHIU, KAI
 STREET ADDRESS 220 PRICE STR
 CITY-ST-ZIP FLORENCE MS

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SCHEETZ, THOMAS S.
 STREET ADDRESS 2100 NO BALLARD RD
 CITY-ST-ZIP APPLETON WI

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☐ Delete
 NAME RIETVELT, ANTONIUS
 STREET ADDRESS 220 PRICE STR
 CITY-ST-ZIP FLORENCE MS

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME BOER, RALF R
 STREET ADDRESS 777 E. WISCONSIN AVENUE
 CITY-ST-ZIP MILWAUKEE WI 53202

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☒ Delete
 NAME WONG, MARGARET
 STREET ADDRESS 220 PRICE STREET
 CITY-ST-ZIP FLORENCE MS

TITLE ☐ Change ☒ Addition
 NAME TREASURER
 STREET ADDRESS DONNY T. DURR
 CITY-ST-ZIP 7133 WEST PARK RD.
 SHREVEPORT LA 71129

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DARRYL G. BAILES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 (601) 845-2201
 Date Daytime Phone #

CR2E034 (9/99)