

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000001017 (3)**

1. Corporation Name

FISHER HAMILTON INC.



Principal Place of Business	Mailing Address
1316 18TH STREET TWO RIVERS WI 54241 US	1316 18TH STREET TWO RIVERS WI 54241-3059 US

3. Date Incorporated or Qualified 02/24/1993	3a. Date of Last Report 02/02/1996
4. FEI Number 39-1744782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BROWN, J M
STREET ADDRESS	1316 18TH STREET
CITY-ST-ZIP	TWO RIVERS WI
TITLE	VP <input type="checkbox"/> DELETE
NAME	MUELLER, DONALD C
STREET ADDRESS	1316 18TH STREET
CITY-ST-ZIP	TWO RIVERS WI
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DIRKES, CLIFFORD T
STREET ADDRESS	LIBERTY LANE
CITY-ST-ZIP	HAMPTON NH 03842
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	UNDERBERG, MARK
STREET ADDRESS	375 PARK AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	VP <input type="checkbox"/> DELETE
NAME	ROHLMEIER, CHARLES
STREET ADDRESS	1316 18TH STREET
CITY-ST-ZIP	TWO RIVERS WI
TITLE	VTD <input type="checkbox"/> DELETE
NAME	MEISTER, PAUL M
STREET ADDRESS	LIBERTY LANE
CITY-ST-ZIP	HAMPTON NH 03842

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Vice President Joseph D. Schneid
33 STREET ADDRESS	Liberty Lane
34 CITY-ST-ZIP	HAMPTON, NH 03842
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Vice President / Director Todd M. Duchene
43 STREET ADDRESS	Liberty Lane
44 CITY-ST-ZIP	HAMPTON, NH 03842
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy J. Leist
Wendy J. Leist, Assistant Corporate Secretary

1/7/97 414-794-6309
Date Daytime Phone

CR2E034 (9/96)