

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

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**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

**DOCUMENT # F93000001017 (3)**

1. Corporation Name  
**FISHER HAMILTON INC.**



Principal Place of Business: **1316 18TH STREET TWO RIVERS WI 54241 US**

Mailing Address: **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**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 Country

28. Zip Country

24. Zip Country

25. Zip Country

29. Zip Country

30. Zip Country

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: **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BROWN, J M</b>		1.2 NAME	
STREET ADDRESS: <b>1316 18TH STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TWO RIVERS WI</b>		1.4 CITY-ST-ZIP	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MUELLER, DONALD C</b>		2.2 NAME	
STREET ADDRESS: <b>1316 18TH STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TWO RIVERS WI</b>		2.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>DIRKES, CLIFFORD T</b>		3.2 NAME: <b>Joseph D. Schneid</b>	
STREET ADDRESS: <b>LIBERTY LANE</b>		3.3 STREET ADDRESS: <b>Liberty Lane</b>	
CITY-ST-ZIP: <b>HAMPTON NH 03842</b>		3.4 CITY-ST-ZIP: <b>HAMPTON, NH 03842</b>	
TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>UNDERBERG, MARK</b>		4.2 NAME: <b>Todd M. Duchene</b>	
STREET ADDRESS: <b>375 PARK AVENUE</b>		4.3 STREET ADDRESS: <b>Liberty Lane</b>	
CITY-ST-ZIP: <b>NEW YORK NY</b>		4.4 CITY-ST-ZIP: <b>HAMPTON, NH 03842</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROHLMEIER, CHARLES</b>		5.2 NAME	
STREET ADDRESS: <b>1316 18TH STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TWO RIVERS WI</b>		5.4 CITY-ST-ZIP	
TITLE: <b>VTD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MEISTER, PAUL M</b>		6.2 NAME	
STREET ADDRESS: <b>LIBERTY LANE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <b>HAMPTON NH 03842</b>		6.4 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  
Date: 1/7/97 Daytime Phone: 414-794-6309

CR2E034 (9/96)