


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-1744782	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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 checked="" type="checkbox"/> DELETE			
NAME	MUELLER, DONALD C				
STREET ADDRESS	1316 18TH STREET				
CITY-ST-ZIP	TWO RIVERS WI				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	SCHNEID, JOSEPH D				
STREET ADDRESS	LIBERTY LANE				
CITY-ST-ZIP	HAMPTON NH				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	DUCHENE, TODD M				
STREET ADDRESS	LIBERTY LANE				
CITY-ST-ZIP	HAMPTON NH				
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					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	VP				
2.3 STREET ADDRESS	Albert Strausser III				
2.4 CITY-ST-ZIP	1316 18th Street				
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	VP				
3.3 STREET ADDRESS	Charles Rohlmeier				
3.4 CITY-ST-ZIP	1316 18th Street				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Wendy A. [Signature] REQUIRED

1/9/98

920 794 6309

CR2E034 (10/97)