

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 003 ***150.00

DOCUMENT # F93000001017

1. Entity 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
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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 **39-1744782** Applied For
 Not Applicable

5. Certificate of Status Desired **\$3.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P <input type="checkbox"/> Delete	BROWN, J M 1316 18TH STREET TWO RIVERS WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> Delete	STRAUSSER, ALBERT I 1316 18TH STREET TWO RIVERS WI 54241	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> Delete	ROHLMEIER, CHARLES 1316 18TH STREET TWO RIVERS WI 54241	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPD <input type="checkbox"/> Delete	DUCHENE, TODD M LIBERTY LANE HAMPTON NH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> Delete	ROHLMEIER, CHARLES 1316 18TH STREET TWO RIVERS WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VTD <input type="checkbox"/> Delete	MEISTER, PAUL M LIBERTY LANE HAMPTON NH 03842	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: _____

Wendy J. Leist, Asst. Corp. Secretary 1/19/00 920794-6309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)