FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004211 (9)**

1. Corporation Name

BURDICK, INC.

Principal Place of Business	Mailing Address
C/O BURDICK, INC. 15 PLUMB STREET MILTON WI 53563	C/O BURDICK, INC. 15 PLUMB STREET MILTON WI 53563

3. Date Incorporated or Qualified: **09/16/1993**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **13-3713564** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____
Signature required when reinstating or changing registered agent. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOB	☐ DELETE	1.1 TITLE	DCOB	☒ Change ☐ Addition
NAME	MALLEMENT, HARVEY P		1.2 NAME		
STREET ADDRESS	3 EAST 69TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MCKABA, ROBERT		2.2 NAME	Carl E. Baldassarre	
STREET ADDRESS	10 MONHEGAN AVENUE		2.3 STREET ADDRESS	9785 Fawn Court	
CITY-ST-ZIP	WAYNE NJ		2.4 CITY-ST-ZIP	Concord, OH 44060	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOW, FRANK H		3.2 NAME		
STREET ADDRESS	33 JOAN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPPAQUA NY 10514		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MESSINA, GEORGE P		4.2 NAME		
STREET ADDRESS	1664 W WEE CROFT CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JANESVILLE WI		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAUBE, GARY		5.2 NAME		
STREET ADDRESS	771 SCHOONER		5.3 STREET ADDRESS		
CITY-ST-ZIP	ELK GROVE VILLAGE IL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCKABA, ROBERT		6.2 NAME		
STREET ADDRESS	10 MONHEGAN AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R McKaba — Robert McKaba — 04/10/96 — 608-868-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #