SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F93000004422 (2)

1. Corporation Name

SALADMASTER, INC.

Principal Place of Business	Mailing Address
912 113TH STREET ARLINGTON TX 76011	912 113TH STREET ARLINGTON TX 76011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 03/16/1994

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: 75-1665047 ☐ 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

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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MENKE, PETER B	12 NAME		
STREET ADDRESS	912 113TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX 76011	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FRITZ, WAYNE B	22 NAME		
STREET ADDRESS	912 113TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX 76011	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	NELSON, JEFFREY D	32 NAME		
STREET ADDRESS	912 113TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX 76011	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KOEPKE, ALLEN C	42 NAME		
STREET ADDRESS	1675 REIGLE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	KEWASKUM WI 53040	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Director	☒ Change ☐ Addition
NAME	~~ZARLING, ROBERT S~~	52 NAME	Keith L. Peterson	
STREET ADDRESS	1675 REIGLE DRIVE	53 STREET ADDRESS	1675 Reigle Drive	
CITY-ST-ZIP	KEWASKUM WI 53040	54 CITY-ST-ZIP	Kewaskum WI 53040	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	REIGLE, JEFFREY A	62 NAME		
STREET ADDRESS	1675 REIGLE DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	KEWASKUM WI 53040	64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: [signature] Jeffrey D. Nelson 6/6/95 (917) 633-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102627 FN