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 # **F93000005348 (8)**

1. Corporation Name

PRODUCT FABRICATION SERVICE CORPORATION

Principal Place of Business	Mailing Address
2402 DANIELS ST. MADISON WI 53704	2402 DANIELS ST. MADISON WI 53704

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/23/1993**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **39-1301594** ☐ 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.
110 N. MAGNOLIA ST.
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 607.1502, 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) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	STAROSTOVIC, EDWARD J JR.	
STREET ADDRESS	2620 MARILYN DR.	
CITY-ST-ZIP	STOUGHTON WI 53589	
TITLE	D	☐ DELETE
NAME	MORRISON, VIRDEN	
STREET ADDRESS	2200 WESTWOOD DR.	
CITY-ST-ZIP	WAUSAU WI 54401	
TITLE	DST	☐ DELETE
NAME	BLAIR, KATHLEEN	
STREET ADDRESS	5213 ERLING AVE.	
CITY-ST-ZIP	MCFARLAND WI 53558	
TITLE	D	☐ DELETE
NAME	KRALJ, WILLIAM J	
STREET ADDRESS	7416 WEST DAKOTA ST.	
CITY-ST-ZIP	WEST ALLIS WI 53219	
TITLE	V	☐ DELETE
NAME	SLIFKA, MICHAEL J P.E.	
STREET ADDRESS	9 SUNDOWN CT., APT. #C	
CITY-ST-ZIP	MADISON WI 53704	
TITLE	V	☐ DELETE
NAME	ROTHMAN, JAMES A	
STREET ADDRESS	3817 WEST JARGO ROAD	
CITY-ST-ZIP	DEERFIELD WI 53531	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Kathleen M. Blair Kathleen M. Blair - Secretary 2/6/96 (608)221-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

CR2E034 (12/95)