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04-20-1999 90156 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005348**

1. Corporation Name
PRODUCT FABRICATION SERVICE CORPORATION

Principal Place of Business	Mailing Address
2402 DANIELS ST. MADISON WI 53718 US	2402 DANIELS ST. MADISON WI 53718 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/23/1993

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: 39-1301594 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301	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	CB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAROSTOVIC, EDWARD J JR.		1.2 NAME		
STREET ADDRESS	2620 MARILYN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STOUGHTON WI		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, VIRDEN		2.2 NAME		
STREET ADDRESS	1641 W. PLACITA BELDAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN VALLEY AZ 85614		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, KATHLEEN		3.2 NAME		
STREET ADDRESS	5213 ERLING AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MCFARLAND WI 53558		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRALJ, WILLIAM J		4.2 NAME		
STREET ADDRESS	7416 WEST DAKOTA ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST ALLIS WI 53219		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SLIFKA, MICHAEL J P.E.		5.2 NAME		
STREET ADDRESS	44 HIDDEN HOLLOW TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI 53717		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	ROTHMAN, JAMES A		6.2 NAME		
STREET ADDRESS	3817 WEST JARGO ROAD		6.3 STREET ADDRESS	799 Central Ave. ← Change	
CITY-ST-ZIP	DEERFIELD WI 53531		6.4 CITY-ST-ZIP	Deerfield, Wi. 53531 ← same	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Sandra R. Angell 1/28/99 (608) 221-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #