

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90013 047 ***150.00

DOCUMENT # F93000005360

1. Entity Name
THE FONDA GROUP, INC.

Principal Place of Business 2920 N MAIN ST OSHKOSH WI 54901	Mailing Address 2920 N MAIN ST ATTN: DUANE GUHLKE, PO BOX 2038 OSHKOSH WI 54901-1221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3220732**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ULEAU, THOMAS		NAME		
STREET ADDRESS	10100 REISTERTOWN RD		STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDMAN, HARVEY		NAME		
STREET ADDRESS	115 STEVENS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VALHALLA NY		CITY-ST-ZIP		
TITLE	TCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEINSEN, HANS		NAME		
STREET ADDRESS	373 PARK AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP		
TITLE	CCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEHIEL, DENNIS		NAME		
STREET ADDRESS	373 PARK AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORZENSKI, ROBERT		NAME		
STREET ADDRESS	2920 N MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	OSHKOSH WI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Robert M. Korzenski **ROBERT M. KORZENSKI PRESIDENT** 2-2-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #