## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **F9400000778** WARMAN INTERNATIONAL, INC. 04-20-2000 90026 038 \*\*\*150.00 Principal Place of Business Mailing Address 2701 S. STOUGHTON RD P.O. BOX 7610 MADISON WI 53707-7610 MADISON WI 53716 00066463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 39-1147488 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DIRECTOR CR2E034 (9/99 TITLE TITLE ■ Delete PETER KRUMM NAME ANDERSON, CAMPBELL NAME 440 W 800 S STREET ADDRESS STREET ADDRESS 476 KILDA CITY-ST-ZIP CITY-ST-7IP City UT 84101 SALT LAKE MELBOURNE VIC. AUSTRALIA Change ☐ Addition ☐ Delete TITLE TITLE NAME BERGEN, M V NAME STREET ADDRESS STREET ADDRESS 7605 FARMINGTON WAY CITY-ST-ZIP CITY-ST-7/P MADISON WI Secretary/Treasurer Change ☐ Addition TITLE Delete TITLE JOHN T. LASKY NAME CARUSO, J A NAME 5706 HEMPSTEAD STREET ADDRESS STREET ADDRESS 8762 RAINTREE RD CITY-ST-ZIP 53711 w, CITY-ST-7IP SUN PRAIRIE WI MADISON ☐ Addition TITLE ☐ Change TITLE **⊠** Delete NAME HARRISON, REX NAME STREET ADDRESS STREET ADDRESS 4 MARDEN ST CITY-ST-ZIP CITY-ST-ZIP ARTARMON, NSW AU Change ☐ Addition Delete TITLE TITLE BROOMHEAD, MALCOLM NAME STREET ADDRESS STREFT ADDRESS 476 KILDA CITY-ST-ZIP CITY-ST-ZIP MELBOURNE VIC AU ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS 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 of the trustee simplewered 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 empowered

JOHN T. LASKY

SIGNING OFFICER OR DIRECTOR