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 # **F94000001891 (0)**

1. Corporation Name

MERO STRUCTURES, INC.

Principal Place of Business	Mailing Address
N112 W18810 MEQUON ROAD GERMANTOWN WI 53022	N112 W18810 MEQUON ROAD GERMANTOWN WI 53022

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)

3. Date Incorporated or Qualified: **04/13/1994**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **36-3455539** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EBERLEIN, H. DR.		1.2 NAME	
STREET ADDRESS	STEINACHSTRASSE 5, POSTFACH 6169		1.3 STREET ADDRESS	
CITY-ST-ZIP	97064 WURZBURG 1, GERMANY		1.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KLOSE, R. DR.		2.2 NAME	
STREET ADDRESS	STEINACHSTRASSE 5, POSTFACH 6169		2.3 STREET ADDRESS	
CITY-ST-ZIP	97064 WURZBURG 1, GERMANY		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, IAN DR.		3.2 NAME	
STREET ADDRESS	N112 218810 MEQUON RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022		3.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RIFFEL, JAMES D		4.2 NAME	
STREET ADDRESS	N112 218810 MEQUON RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022		4.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, KENT J		5.2 NAME	
STREET ADDRESS	N112 218810 MEQUON RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME			6.2 NAME	DITTRICH, R,
STREET ADDRESS			6.3 STREET ADDRESS	STEINACHSTRASSE 5, P.O. BOX 6169
CITY-ST-ZIP			6.4 CITY-ST-ZIP	D-97064 WURZBURG GERMANY

CR2E034 (12/95)

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: K.S. ANDERSON V.P. 4-17-96 414-255-5561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #