

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001891 (0)**

1. Corporation Name

MERO STRUCTURES, INC.

Principal Place of Business

**N112 W18810 MEQUON ROAD
GERMANTOWN WI 53022**

Mailing Address

**N112 W18810 MEQUON ROAD
GERMANTOWN WI 53022**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1994	
21		26		4. FEI Number 36-3455539	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOSE, R. 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	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, IAN DR.	2.2 NAME	
STREET ADDRESS	N112 218810 MEQUON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMANITH, J.	3.2 NAME	
STREET ADDRESS	STEINACHSTRASSE 5 P.O. BOX 6169	3.3 STREET ADDRESS	
CITY-ST-ZIP	WURZBURG GE	3.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KENT J	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	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINGER, DONALD	5.2 NAME	
STREET ADDRESS	N112 W18810 MEQUON RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETEROSN, TERRY	6.2 NAME	
STREET ADDRESS	N112 W18810 MEASUON RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature] K.J. ANDERSON

V.P.

3-30-98

414-255-5561

CR2E034 (10/97)