

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F94000001891**

1. Entity Name

**MERO STRUCTURES, INC.****FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90098 039 \*\*\*150.00

Principal Place of Business

Mailing Address

W18810 MEQUON ROAD  
WI 53022N112 W18810 MEQUON ROAD  
GERMANTOWN WI 53022-3047**817112**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**36-3455539**

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

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

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

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

(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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	C	KLOSE, R. DR.	STEINACHSTRASSE 5, POSTFACH 6169 97064 WURZBURG 1, GERMANY	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	DP	COLLINS, IAN DR.	N112 218810 MEQUON RD. GERMANTOWN WI 53022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	ROSSMANITH, J.	STEINACHSTRASSE 5 P.O. BOX 6169 WURZBURG GE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VST	ANDERSON, KENT J	N112 218810 MEQUON RD. GERMANTOWN WI 53022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VP	MALLINGER, DONALD	N112 W18810 MEQUON RD. GERMANTOWN WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VP	PETEROSN, TERRY	N112 W18810 MEQUON RD. GERMANTOWN WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.J. Anderson, V.P.

2/25/00 262-255 5561  
Date Daytime Phone #

CR2E034 (9/99)