

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90095 035 ***150.00

DOCUMENT # F94000001891

1. Entity Name
MERO STRUCTURES, INC.

Principal Place of Business
N112 W18810 MEQUON ROAD
GERMANTOWN WI 53022

Mailing Address
N112 W18810 MEQUON ROAD
GERMANTOWN WI 53022

2. Principal Place of Business

3. Mailing Address

St W126 N8585 Westbrook Crossing
Menomonee Falls, WI 53051

St W126 N8585 Westbrook Crossing
Menomonee Falls, WI 53051

DO NOT WRITE IN THIS SPACE

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, 2002 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 **C** ☐ Delete
NAME **KLOSE, R. DR.**
STREET ADDRESS **STEINACHSTRASSE 5, POSTFACH 6169**
CITY-ST-ZIP **97064 WURZBURG 1, GERMANY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **COLLINS, IAN DR.**
STREET ADDRESS **N112-218810 MEQUON RD.**
CITY-ST-ZIP **GERMANTOWN WI 53022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **W126 N8585 Westbrook Crossing**
CITY-ST-ZIP **Menomonee Falls, WI 53051**

TITLE **D** ☐ Delete
NAME **ROSSMANITH, J.**
STREET ADDRESS **STEINACHSTRASSE 5 P.O. BOX 6169**
CITY-ST-ZIP **WURZBURG GE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST** ☐ Delete
NAME **ANDERSON, KENT J**
STREET ADDRESS **N112-218810 MEQUON RD.**
CITY-ST-ZIP **GERMANTOWN WI 53022**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **W126 N8585 Westbrook Crossing**
CITY-ST-ZIP **Menomonee Falls, WI 53051**

TITLE **VP** ☒ Delete
NAME **MALLINGER, DONALD**
STREET ADDRESS **N112 W18810 MEQUON RD**
CITY-ST-ZIP **GERMANTOWN WI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PETEROSN, TERRY**
STREET ADDRESS **N112 W18810 MEQUON RD**
CITY-ST-ZIP **GERMANTOWN WI**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **W126 N8585 Westbrook Crossing**
CITY-ST-ZIP **Menomonee Falls, WI 53051**

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

Date

Daytime Phone #

CR2E034 (9/01)