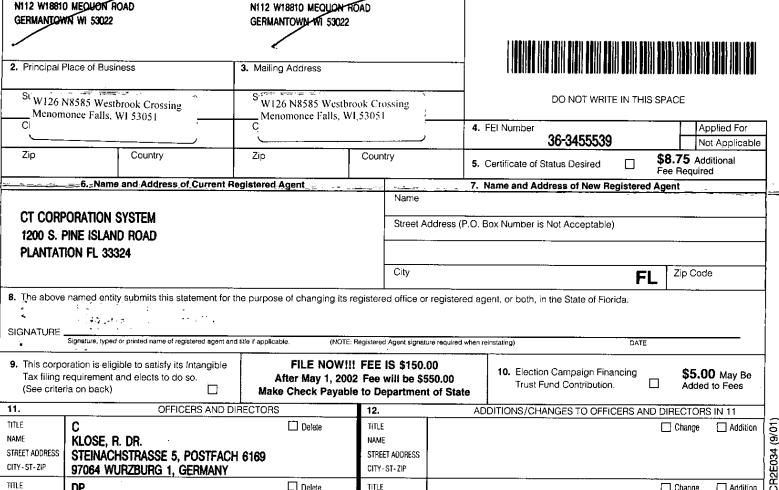
## 2002 UNIFORM BUSINESS REPORT (UBR)

## 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 Mailing Address N112 W18810 MEQUON ROAD N112 W18810 MEQUON ROAD



CR2E034 DP Change Addition NAME NAME COLLINS, IAN DR. STREET ADDRESS STREET ADDRESS N112-218810 MEQUON RD. W126 N8585 Westbrook Crossing CITY-ST-ZIP **GERMANTOWN WI 53022** CITY-ST-ZIE Menomonee Falls, WI 53051 TITLE ☐ Delete TITLE Addition NAME NAME ROSSMANITH, J. STREET ADDRESS STEINACHSTRASSE 5 P.O. BOX 6169 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **WURZBURGI GE** TITLE ☐ Delete Change VST Addition NAME ANDERSON, KENT J STREET ADDRESS STREET ADDRESS N112 218810 MEQUON RD. W126 N8585 Westbrook Crossing CITY-ST-ZIE **GERMANTOWN WI 53022** CITY-ST-ZIP Menomonee Falls, Wt 53051 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME MALLINGER, DONALD STREET ADDRESS STREET ADDRESS N112 W18810 MEQUON RD CITY-ST-ZIP CITY-ST-ZIP Germantown Wi Delete TITLE Change Change ☐ Addition PETEROSN, TERRY NAME W126 N8585 Westbrook Crossing STREET ADDRESS STREET ADDRESS Menomonee Falls, WI 53051 N112 W18810 MEASUON RD CITY-ST-ZIP CITY-ST-ZIP GERMANTOWN WI

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

4-26-02 262-255-5561
Date Daytime Phone #