


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001891 1. Entity Name MERO STRUCTURES, INC.	
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Principal Place of Business N126 N8585 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051	Mailing Address N126 N8585 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051
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02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3455539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000070069
03/01/04-80031-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLOSE, R. DR. STEINACHSTRASSE 5, POSTFACH 6169 97064 WURZBURG 1, GERMANY,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLLINS, IAN DR. WW126 N8585 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSMANITH, J. STEINACHSTRASSE 5 P.O. BOX 6169 WURZBURG, GE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ANDERSON, KENT J W126 N8585 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PETEROSN, TERRY 126 N8585 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  K.I. Anderson VP 2/24/04 262-255-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #