

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004388 (4)**

1. Corporation Name
GB ELECTRICAL, INC.

DO NOT WRITE IN THIS SPACE.

| | |
|------------------------------------|------------------------------------|
| Principal Place of Business | Mailing Address |
| P.O. BOX 325 MILWAUKEE WI 53201 | P.O. BOX 325 MILWAUKEE WI 53201 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/24/1994 | 3a. Date of Last Report |
| 4. FEI Number 39-0964876 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|-------------------------|---------------------------|------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21. 6101 N. Baker Rd. | 26. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 28. City & State |
| 22. City & State Glendale, WI | 29. Zip 53209 | 30. Country USA | 31. Country |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | | | | |
|----------|--|-----|-----------|--------------|
| B1. Name | B2. Street Address (P.O. Box Number is Not Acceptable) | B3. | B4. City | B5. Zip Code |
| | | | FL | |

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LECHER, THEODORE M 6101 N. BAKER RD. GLENDALE WI 53209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V FOOTE, ROBERT T JR 13000 W. SILVER SPRING DR. BUTLER WI 53007 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SIM, RICHARD G 13000 W. SILVER SPRING DR. BUTLER WI 53007 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TS ROHR-DRALLE, RONDI A 6101 N. BAKER RD. GLENDALE WI 53209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WESCOE, DAVID B 10245 N. RANGE LINE CT. MEQUON WI 53092 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | T/AS |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | T/D Anthony W. Asmyth III |
| 5.3 STREET ADDRESS | 411 E. Wisconsin Av., Ste 2550 |
| 5.4 CITY - ST - ZIP | Milwaukee, WI 53202-4497 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | V Douglas R. Dorszynski |
| 6.3 STREET ADDRESS | 13000 W. Silver Spring Dr. |
| 6.4 CITY - ST - ZIP | Butler, WI 53007 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]* *Douglas R. Dorszynski* 4-20-95
(NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE)
 414-781-6800