

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006191

FILED  
May 04, 2005  
Secretary of State

Entity Name: HIGHSMITH LIBRARY & SCHOOL SUPPLIES INC.

**Current Principal Place of Business:**

W5527 HWY 106  
FORT ATKINSON, WI 53538 US

**New Principal Place of Business:**

**Current Mailing Address:**

W5527 HWY 106  
FORT ATKINSON, WI 53538 US

**New Mailing Address:**

FEI Number: 39-0934921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: HIGHSMITH, DUNCAN  
Address: W5527 HIGHWAY 106  
City-St-Zip: FORT ATKINSON, WI 53538

Title: CEO ( ) Delete  
Name: MOSS, PAUL R  
Address: W5527 HIGHWAY 106  
City-St-Zip: FORT ATKINSON, WI 53538

Title: VTS ( ) Delete  
Name: HUDSON, STEVEN C  
Address: W5527 HIGHWAY 106  
City-St-Zip: FORT ATKINSON, WI

Title: V ( ) Delete  
Name: HERMAN, BILL  
Address: W 5527 HIGHWAY 106  
City-St-Zip: FORT ATKINSON, WI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C HUDSON

S

05/04/2005

Electronic Signature of Signing Officer or Director

Date