

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000001164**

1. Entity Name
EDWARD KRAEMER & SONS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90020 042 ***150.00

Principal Place of Business
ONE PLAINVIEW ROAD
PLAIN, WI 53577

Mailing Address
ONE PLAINVIEW ROAD
PLAIN, WI 53577

80042909

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-0884623

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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, 2000 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

TITLE	CPT	<input type="checkbox"/> Delete
NAME	KRAEMER, DAVID R	
STREET ADDRESS	719 FARWELL DR	
CITY-ST-ZIP	MADISON, WI 53704	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAEMER, THOMAS D	
STREET ADDRESS	50 MACDOUGAL STE 14	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLDT, EDWARD M	
STREET ADDRESS	12625 CARRINGTON CIRCLE	
CITY-ST-ZIP	CARMEL, IN 46033	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIGAI, DANIEL J	
STREET ADDRESS	1304 CHANCEL PLACE	
CITY-ST-ZIP	ALEXANDRIA, VA 22314	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROUD, SEWARD R	
STREET ADDRESS	423 FARWELL DR	
CITY-ST-ZIP	MADISON, WI 53704	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLENSIEK, KARL W	
STREET ADDRESS	1511 WOOD LANE	
CITY-ST-ZIP	MADISON, WI 53705	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John A. Blegen* **3-4-00** **(608) 546-2311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)