- · 2004 FOR PROFIT CORPORATION ANNUAL REPORT ____

Jan 21, 2004 08:00 AM Secretary of State **DOCUMENT # F95000001164** 1. Entity Name EDWARD KRAEMER & SONS, INC. Principal Place of Business Mailing Address ONE PLAINVIEW ROAD ONE PLAINVIEW ROAD PLAIN, WI 53577 PLAIN, WI 53577 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 39-0884623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 reinstelling) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE KRAEMER, DAVID R NAME 000000009302 01/21/04-80006-004 STREET ADDRESS 719 FARWELL DR. MADISON, WI 53704 CITY-ST-7/P TITLE NAME STREET ADORESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP

IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 oalth; that I am an officer or director of the curporation 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:

TETLE NAME STREET ADDRESS CHY-ST-ZIP TITLE

NAME STREET AGENESS CHY-ST-DP

STREET ADDRESS CITY-ST-ZIP

NATED NAME OF SIGNING OFFICER OR DIRECTOR