FILED

May 10, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

F95000002185 DOCUMENT

1. Corporation Name

KCS INTERNATIONAL INC

NOS INTERNATIONAL ING.						
Principal Place of Business	Mailing Address					
804 PECOR ST. 804 PECOR ST. OCONTO WI 54153				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 05/04/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	or	
21	26			39-1752099 Not Applic	cable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Addition Fee Required	ıal	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip Country	Zip	Country		8. This corporation owes the current year Intangible		
24 25	29 30	5		Personal Property Tax.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	,	81	Name			
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		82	Street /	Street Address (P.O. Box Number is Not Acceptable)		
			00017			
		83				
		84	City	FL 85 Zip Code		
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	ADOTE B		at winnerships	DATE	_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13.			n signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12. OFFICERS AI	DELETE	1.1 TITLE	Т		ddition	
NAME VIESTENZ, JIM						

STREET ADDRESS 1757 YACHT CLUB RD. 1.3 STREET ADDRESS **OCONTO WI 54153** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE PEDERSEN, MARK C 2.2 NAME NAME 155 KENNEY ST. 2.3 STREET ADDRESS STREET ADDRESS GREEN BAY WI CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition ☐ DELETE Change DC 3.1 TITLE TITLE STOCK, K C NAME 3.2 NAME **3314 STATE RD.** 3.3 STREET ADDRESS STREET ADDRESS DEPERE WI 54155 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE MOORE, THOMAS M. 4. 2 NAME NAME 6431 STURGEEN BAY RD 4.3 STREET ADDRESS STREET ADDRESS LUXEMBURG WI CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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, with all other like empowered.