

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003163 (1)

1. Corporation Name

WACKER CORPORATION



Principal Place of Business

N 92 W15000 ANTHONY AVE.
MENOMONEE FALLS WI 53051

Mailing Address

N 92 W15000 ANTHONY AVE.
MENOMONEE FALLS WI 53051

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

SAME

4. FEI Number

39-0919645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

KNARICH, BRIAN
1329 WHISPERING PINES DR.
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when incorporated)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VS

☐ DELETE

NAME

O'TOOLE, LAWRENCE J

STREET ADDRESS

N 92 W15000 ANTHONY AVE.

CITY - ST - ZIP

MENOMONEE FALLS WI 53051

TITLE

V

☐ DELETE

NAME

MECKL, ANTON

STREET ADDRESS

N 92 W15000 ANTHONY AVE.

CITY - ST - ZIP

MENOMONEE FALLS WI 53051

TITLE

V

☒ DELETE

NAME

TIETGEN, HANS

STREET ADDRESS

N 92 W15000 ANTHONY AVE.

CITY - ST - ZIP

MENOMONEE FALLS WI 53051

TITLE

DC

☐ DELETE

NAME

WACKER, ULRICH DR

STREET ADDRESS

N 92 W15000 ANTHONY AVE.

CITY - ST - ZIP

MENOMONEE FALLS WI 53051

TITLE

V

☐ DELETE

NAME

PHANEUF ROBERT

STREET ADDRESS

N 92 W15000 ANTHONY AVE

CITY - ST - ZIP

MENOMONEE FALLS, WI 53051

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE O'TOOLE
VICE PRESIDENT

414-255-0500

Daytime Phone

CR2E034 (12/95)