

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report 03/22/1996
4. FEI Number 39-0919645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
KNARICH, BRIAN
1329 WHISPERING PINES DR.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent	
81. Name Waller, Paul	
82. Street Address (P.O. Box Number is Not Acceptable) 1346 Waterway Cove Drive	
83. City West Palm Beach	85. Zip Code 33414

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 Paul Waller (NOTE: Registered Agent signature required when reinstating) DATE 9/6/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS O'TOOLE, LAWRENCE J N 92 W15000 ANTHONY AVE. MENOMONEE FALLS WI 53051	1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	David Christifulli N92 W15000 ANTHONY AVE. MENOMONEE FALLS, WI 53051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MECKL, ANTON N 92 W15000 ANTHONY AVE. MENOMONEE FALLS WI 53051	2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Klaus Steinle SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WACKER, ULRICH DR N 92 W15000 ANTHONY AVE. MENOMONEE FALLS WI 53051	3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Werner Schwind SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PHANEUF, ROBERT N 92 W15000 ANTHONY AVE. MENOMONEE FALLS WI 53051	4. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dr. Georg Sick SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6. TITLE NAME STREET ADDRESS CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE: Lawrence J. O'Toole 9/13/97 1111 755 0500

CR2E034 (4/97)