


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90090 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003163

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/29/1995		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 the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

WALLER, PAUL
1376 WATERWAY COVE DR
W PALM NCH FL 33414

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'TOOLE, LAWRENCE J	1.2 NAME	Christopher Barnard
STREET ADDRESS	N 92 W15000 ANTHONY AVE.	1.3 STREET ADDRESS	N92 W15000 Anthony Ave
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	1.4 CITY-ST-ZIP	Menomonee Falls, WI 53051
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECKL, ANTON	2.2 NAME	
STREET ADDRESS	N 92 W15000 ANTHONY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKER, ULRICH DR	3.2 NAME	
STREET ADDRESS	N 92 W15000 ANTHONY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHANEUF, ROBERT	4.2 NAME	
STREET ADDRESS	N 92ND W 15000 ANTHONY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIFULLI, DAVID	5.2 NAME	
STREET ADDRESS	N92 W15000 ANTHONY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAUS, STEINLE	6.2 NAME	
STREET ADDRESS	N92 W15000 ANTHONY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI	6.4 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.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

414-255-0500
Daytime Phone #

CR2E034 (11/98)