

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003163

1. Entity Name

WACKER CORPORATION

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90015 024 ***150.00

Principal Place of Business

92 W15000 ANTHONY AVE.
FALLS WI 53051

Mailing Address

N 92 W15000 ANTHONY AVE.
MENOMONEE FALLS WI 53051-1504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-0919645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back). ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME MECKL, ANTON ☒ Delete
STREET ADDRESS N 92 W15000 ANTHONY AVE.
CITY-ST-ZIP MENOMONEE FALLS WI 53051

TITLE P
NAME Barniard, Christopher ☐ Change ☒ Addition
STREET ADDRESS N92 W15000 Anthony Ave.
CITY-ST-ZIP Menomonee Falls, WI 53051

TITLE DC
NAME WACKER, ULRICH DR ☐ Delete
STREET ADDRESS N 92 W15000 ANTHONY AVE.
CITY-ST-ZIP MENOMONEE FALLS WI 53051

TITLE VS
NAME O'Toole, Lawrence J. ☐ Change ☒ Addition
STREET ADDRESS N92 W15000 Anthony Ave.
CITY-ST-ZIP Menomonee Falls, WI 53051

TITLE V
NAME PHANEUF, ROBERT ☐ Delete
STREET ADDRESS N 92ND W 15000 ANTHONY AVE
CITY-ST-ZIP MENOMONEE FALLS WI

TITLE V
NAME Lisch, Peter ☐ Change ☒ Addition
STREET ADDRESS N92 W15000 Anthony Ave.
CITY-ST-ZIP Menomonee Falls, WI 53051

TITLE V
NAME CHRISTIFULLI, DAVID ☐ Delete
STREET ADDRESS N92 W15000 ANTHONY AVE
CITY-ST-ZIP MENOMONEE FALLS WI

TITLE V
NAME Lahner, William ☐ Change ☒ Addition
STREET ADDRESS N92 W15000 Anthony Ave.
CITY-ST-ZIP Menomonee Falls, WI 53051

TITLE D
NAME KLAUS, STEINLE ☒ Delete
STREET ADDRESS N92 W15000 ANTHONY AVE
CITY-ST-ZIP MENOMONEE FALLS WI

TITLE V
NAME SchutzeVohren, Johannes ☐ Change ☒ Addition
STREET ADDRESS N92 W15000 Anthony Ave.
CITY-ST-ZIP Menomonee Falls, WI 53051

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/00

Date

(262) 255-0500

Daytime Phone #

CR2E034 (9/99)