

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90128 047 ***550.00

DOCUMENT # F95000003163

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 39-0919645

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHRISTIFULLI, TODD
1624 ARCHERS PATH
LAKELAND FL 33809

Name **SETH WALLER**

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

6169 NW 40TH STREET

City **CORAL SPRINGS**

FL

Zip Code
33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Seth Waller*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/26/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **LAHNER, WILLIAM**
 STREET ADDRESS **N 92 W15000 ANTHONY AVE.**
 CITY-ST-ZIP **MENOMONEE FALLS WI 53051**

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

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

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

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

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

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

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

TITLE **P** ☐ Delete
 NAME **BARNARD, CHRISTOPHER**
 STREET ADDRESS **N92 W15000 ANTHONY AVE**
 CITY-ST-ZIP **MENOMONEE FALLS WI**

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

TITLE **V** ☐ Delete
 NAME **LIESCH, PETER**
 STREET ADDRESS **N92 W 15000 ANTHONY AVE.**
 CITY-ST-ZIP **MENOMONEE FALLS WI 53051**

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]* **FEES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02 *262-255-0500*
 Date Daytime Phone #

CR2E034 (4/02)