2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# F95000003163

Entity Name: WACKER CORPORATION

Current Principal Place of Business:

N 92 W15000 ANTHONY AVE.
MENOMONEE FALLS, WI 53051

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9007
MENOMONEE FALLS, WI 530529007 US

New Mailing Address:

FEI Number: 39-0919645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLER, SETH
9772 SAVANNAH ESTATE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: LAHNER, WILLIAM
Address: N 92 W15000 ANTHONY AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: DC ( ) Delete
Name: WACKER, ULRICH DR
Address: N 92 W15000 ANTHONY AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: V ( ) Delete
Name: PHANEUF, ROBERT
Address: N 92ND W 15000 ANTHONY AVE
City-St-Zip: MENOMONEE FALLS, WI

Title: V ( ) Delete
Name: CHRISTIFULLI, DAVID
Address: N92 W15000 ANTHONY AVE
City-St-Zip: MENOMONEE FALLS, WI

Title: P ( ) Delete
Name: BARNARD, CHRISTOPHER
Address: N92 W15000 ANTHONY AVE
City-St-Zip: MENOMONEE FALLS, WI

Title: VP ( ) Delete
Name: O'TOOLE, LAWRENCE
Address: N92 W15000 ANTHONY AVE.
City-St-Zip: MENOMONEE FALLS, WI 53051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY STUETTGEN ACCT 04/19/2006

Electronic Signature of Signing Officer or Director — Date