


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90055 001 ***550.00

0646385 AT

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
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2. Principal Place of Business	3. Mailing Address P O BOX 9007
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MENOMONEE FALLS WI	City & State MENOMONEE FALLS WI
Zip 53052-9007	Country USA

4. FEI Number 39-0919645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent WALLER, SETH 6169 NW 40TH STREET CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAHNER, WILLIAM N 92 W15000 ANTHONY AVE. MENOMONEE FALLS WI 53051 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WACKER, ULRICH DR N 92 W15000 ANTHONY AVE. MENOMONEE FALLS WI 53051 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHANEUF, ROBERT N 92ND W 15000 ANTHONY AVE MENOMONEE FALLS WI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTIFULLI, DAVID N92 W15000 ANTHONY AVE MENOMONEE FALLS WI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNARD, CHRISTOPHER N92 W15000 ANTHONY AVE MENOMONEE FALLS WI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIESCH, PETER N92 W 15000 ANTHONY AVE. MENOMONEE FALLS WI 53051 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP-Finance O'Toole, Lawrence N92 W15000 Anthony Ave Menomonee Falls WI 53051	

12. 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 10 or Block 11 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** **6/17/03** **262-255-0500**
Date Daytime Phone #

CR2E034 (10/02)