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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90290 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004967

1. Corporation Name
CLASSY MAIDS U.S.A., INC.

Principal Place of Business

2601 OLD CAMDEN SQUARE
#306
MADISON WI 53718

Mailing Address

2601 OLD CAMDEN SQUARE
#306
MADISON WI 53718

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1995

4. FEI Number

39-1509291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

O'REILLY, ROBERT
3105 ALBERT STREET
ORLANDO FL 32806

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
OLDAY, WILLIAM K
STREET ADDRESS
237 OAK STREET
CITY-STATE-ZIP
MADISON WI 53704

TITLE ☐ DELETE

NAME
V
OLDAY, WILLIAM D
STREET ADDRESS
2601 OLD CAMDEN SQUARE
CITY-STATE-ZIP
MADISON WI 53718

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
P
OLDAY, WILLIAM K
1.3 STREET ADDRESS
5719 PARK VIEW RD
1.4 CITY-STATE-ZIP
SAN PRAIRIE, WI 53590

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
V
OLDAY, WILLIAM D
2.3 STREET ADDRESS
2530 OLD CAMDEN SQ
2.4 CITY-STATE-ZIP
MADISON, WI 53718

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

William D. Olday
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

608-242-8943

Daytime Phone #

CR2E034 (1/98)