

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000533 (7)**

1. Corporation Name

INDEPENDENT METALS CO., INC.

Principal Place of Business

**N115 W18945 EDISON DR.
GERMANTOWN WI 53022**

Mailing Address

**N115 W18945 EDISON DR.
GERMANTOWN WI 53022-3021**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
4. FEI Number 99-1818893 39-1416296		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 of type of person authorized to register agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD
NAME	QUINNIES, BARRY C	1.2 NAME	
STREET ADDRESS	N115 W18945 EDISON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	FEIEREISEN, LEROY	2.2 NAME	
STREET ADDRESS	N115 W18945 EDISON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	TEPER, ROBERT A	3.2 NAME	
STREET ADDRESS	100 E. WISCONSIN AVE., #3300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202-4108	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SCHLUMP, JOHN W	4.2 NAME	
STREET ADDRESS	N115 W18945 EDISON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN WI 53022	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	P
NAME		5.2 NAME	Horstmeier, John A.
STREET ADDRESS		5.3 STREET ADDRESS	N115 W18945 Edison Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GERMANTOWN, WI 53022
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 414-255-4444

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CR2E034 (9/96)