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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000533 (7)

INDEPENDENT METALS CO., INC.

## **FILED** May 14 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address						
N115 W18945 EDISON DR.			N115 W18945 EDISON DR.						
GERMANTOWN WI 53022			GERMANTOWN WI 53022					DO NOT INDITE IN THIS COACE	
İ								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
								01/31/1996	
2. Principal Pi	ace of Business	28	. Mailing Address					·	
21		26	В	4 -7				700 TO	
Suite, Apt. #, etc.			26 P O Box 247 Suite, Apl. #, etc.					-69 1416296 39 - 1 9 1 7 8 6 Not Applicable	
22			27					5. Certificate of Status Desired X \$8.75 Additional Fee Required	
City & State	3	21	City & State						
23		28	Germantow	_	T.T T			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	1201	Zip	╙	Country	,		8. This corporation owes or has paid the current year Intangible	
24	25	29	53022	30	US			Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Current		stered Agent	1001		<u> </u>		10. Name and Address of New Registered Agent	
CI	CORPORATION SYSTEM				B1	Na	ame		
	00 <b>\$0</b> UTH PINE ISLAND ROAD				82				
PLANTATION FL 33324						Str	Street Address (P.O. Box Number is Not Acceptable)		
, ,	TATINION IL 00027				83	<del> </del>			
					84	Cit	y	85 Zip Code	
44 Digenant t	to the provisions of Sections 607.0502	and C	07 1500 Florido Ptotut	00.16	no obou			rporation submits this statement for the purpose of changing its registered	
office or re	e <b>gistere</b> d agent, or both, in the State of	f Florii	da. Such ch <b>ange wa</b> s a	es, ir autho	rized by	a•na⊩ ⁄ the	corporal	ation's board of directors. I hereby accept the appointment as 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	<del></del>		<del></del>						
12.	Signature, typed or printed name of registered agent.  OFFICERS AND				<del></del>	n! sigr	nature requi	Lifed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	OINT	DELETE	_	<b>13.</b> 1.1 TITLE	—		······································	
NAME	QUINNIES, BARRY C				1.2 NAME		CI	D X change D Addition	
STREET ADDRESS	N115 W18945 EDISON DR.					4000		•	
	GERMANTOWN WI 53022				1.3 STREET		ESS		
CITY-ST-ZIP TITLE	VSD VSD		DELETE		1.4 CITY-S	1-ZIP		D Obase Classical	
NAME	FEIEREISEN, LEROY		□ back	- 1	2 1 111LE			L] Change L] Addition	
	N115 W18945 EDISON DR.				2 2 NAME				
STREET ADDRESS	GERMANTOWN WI 53022			-	2.3 STREET		I		
CITY-ST-ZIP	SD SD		X DELETE		2. 4 CITY - 9	ST-ZIP			
TITLE			EPT DEFEIG	1	3.1 TITLE		ST	- A i	
NAME	TEPER, ROBERT A	20			3.2 NAME		Ja	ames D. Zimmermann 115 w18945 Edison Drive	
STREET ADDRESS	100 E. WISCONSIN AVE., #330	JU			3.3 STREET		ье	ermantown, WI 53022	
CITY-ST-ZIP	MILWAUKEE WI 53202-4108		X1 664 676		3.4. CITY - S	T-ZIP			
TITLE	MODERNEVED TOTAL		DELETE		4.1 TITLE		P	Change X Addition	
NAME	HORSTMEYER, JOHN A				1. 2 NAME		1	ohn D. Schoonover	
STREET ADDRESS	N 115 W18945 EDISON DR.			1	1.3 STREET	ADDR		115 W18945 Edison Drive	
CITY-ST-ZIP	GERMANTOWN WI			_	4.4 CITY-S	T - ZIP		ermantown, WI 53022	
TITLE			☐ DELETE		5.1 TITLE		D	☐ Change <b>K</b> Addition	
NAME				1	5.2 NAME			. Michael Kirksey	
STREET ADORESS				1	5.3 STREET	AODRE	ess Th	hree Riverway Suite 600	
CITY-ST-ZIP					.4 CITY-S	T-ZIP	Ho	ouston, TX 77056	
TITLE			DELETE	{	3.1 THTLE		D	Change 🙀 Addition	
NAME				•	3.2 NAME		1-	rthur L. French	
STREET ADDRESS	,			6	3.3 STREET	ADDRE		hree Riverway Suite 600	
CITY-ST-ZIP	<u> </u>			. ] (	.4 CITY - ST	T-ZIP			
14. I hereby co	ertify that the information supplied with	this f	iling does not qualify fo	r the	exempl	tion s	stated in	0115 ton TV 77056 n 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 corporary or 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.

Secretary 414-255-444

414-255-4444