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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000689 (7)

1. Corporation Name
ABS GLOBAL, INC.

Principal Place of Business
**6906 RIVER RD
DEFOREST WI 53532**

Mailing Address
**PO BOX 459
DEFOREST WI 53532-0459**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
02/12/1996

3a. Date of Last Report
1996

4. FEI Number

39-1795337

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**F & L CORP.
THE GREENLEAF BLDG.
200 LAURA ST.
JACKSONVILLE FL 32202-3527**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☒ DELETE
NAME **SHELTON, JACK E**
STREET ADDRESS **2805 CROSS COUNTRY CIRCLE**
CITY-ST-ZIP **VERONA WI 53593**

TITLE **V** ☐ DELETE
NAME **WEBER, JAMES O**
STREET ADDRESS **808 KATHERINE DR**
CITY-ST-ZIP **SUN PRAIRIE WI 53590**

TITLE **S** ☒ DELETE
NAME **SORNSON, SYLVIA D**
STREET ADDRESS **3136 E. LARSEN RD.**
CITY-ST-ZIP **MADISON WI 53511**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Marc van't Noordende**
1.3 STREET ADDRESS **747 N Thompson Drive, #204**
1.4 CITY-ST-ZIP **Madison, WI 53704** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **Kline, Larry**
3.3 STREET ADDRESS **882 Eddington Drive**
3.4 CITY-ST-ZIP **Sun Prairie, WI 53590** ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 for on an attachment with an address.

SIGNATURE

[Signature]

CR2E034 (9/96)