## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT

#### DOCUMENT # F96000003071

1. Entity Name

ALLEN-EDMONDS SHOE CORPORATION



FILED Jan 17, 2007 8:00 am

**Secretary of State** 

01-17-2007 90051 018 \*\*\*150.00

60002159 Principal Place of Business Mailing Address 201 E 7 HILLS RD BOX 998 201 E 7 HILLS RD BOX 998 PORT WASHINGTON, WI 53074-0998 PORT WASHINGTON, WI 53074-0998 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 39-0258380 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, ABBY Street Address (P.O. Box Number is Not Acceptable) ALLEN-EDMONDS COMPANY STORE SILVER SANDS FACTORY STORE, 5101 HWY 98 E DESTIN, FL 32541 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D President-CEO-D TITLE Delete TITLE ☐ Change Addition FLECKENSTEIN, ANDREW Birmingham, Mark NAME NAME 16655 W BLUEMOUND RD 201 E Seven Hills Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKFIELD, WI 53005 CITY-ST-ZIP Port Washington w1 53074 Delete TITLE TITLE VP-CFO-Treasurer-Secretary ☐ Change Addition DIULIO, ALBERT J REV. Schauer, Jay 2016 Seven Hills Rd NAME NAME STREET ADDRESS 1616 P STREET NW STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 200361420 CITY-ST-ZIP Port Washington WI S3074 Delete Addition Vice President TITLE TITLE ☐ Change NAME **BUCHANAN, ROBERT** NAME Kass, Jim 201 é Seven Hills Rá STREET ADDRESS 100 W. LAWRENCE ST., 4TH FLOOR STREET ADDRESS APPLETON, WI 54911 Port Washington Wi 53074 CITY-ST-ZIP CITY-ST-7P Delete TITLE TITLE Vice President ☐ Change M Addition VAN DEUREN, RICHARD Rancourt, Michael NAME NAME 48 Commercial St Lewisten ME 04240 STREET ADDRESS STREET ADORESS 1000 N WATER ST #2100 CITY-ST-ZIP MILWAUKEE, WI 532023186 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Vice President - D ☐ Change STOLLENWERK, JOHN NAME MAME Israel, Michael STREET ADDRESS 201 E SEVEN HILLS RD STREET ADDRESS 90 South 7th St CITY-ST-ZIP PORT WASHINGTON, WI 53074 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 add that my hall other like empowered.

NAME

STREET ADDRESS

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

FISCHER, PETER

N 233 CLAER VUE SHORES

CEDAR GROVE, WI 53013

Schauer

Sweeney, Michael 90 South 7th St Ste 3700

Minneapolis MN

Daytime Phone #

55402

# **ATTACHMENT**

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCU 1. Entity Nam ALLEN-E											
Dringing Place					1	0100	v				
Principal Place of Business  201 E 7 HILLS RD BOX 998 PORT WASHINGTON, WI 53074-0998  Mailing Address 201 E 7 HILLS RD BOX 9 PORT WASHINGTON, WI 5				1-0998	:	#	-6006a	X159			
Principal Place of Business - No P.O. Box #											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01052007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State				4. FEI Numbe 39-0258			No	plied For Applicable	
Zip	Country Zip Cou  6. Name and Address of Current Registered Agent		Coun	5. Certificate of Status Desired Fee Required							
		7. Name and Address of New Registered Agent									
BECK, ABBY ALLEN-EDMONDS COMPANY STORE SILVER SANDS FACTORY STORE, 5101 HWY 98 E DESTIN, FL 32541					Name Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	9	
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						when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11	
TITLE	D			:	D			l	Change	Addition	
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STREET ADDRESS				ET ADDRESS 7	90 3	outh 7	4h St St	1 370	0		
CITY-ST-ZIP	BROOKFIELD, WI 53005	<del></del>	CITY	-ST-ZIP	אמוע	sea po li s	MN 5		<del></del>		
TITLE	D DULLO AL DEDT. LDEV	<b>✓</b> Delete	TITLE	1		•			Change	Addition	
NAME STREET ADDRESS	DIULIO, ALBERT J REV.  1616 P STREET NW			et address							
CITY-ST-ZIP	10107 0111227 1111			-ST-ZIP							
TITLE	D Delete Titl			:		***		· i	Change	Addition	
NAME	BUCHANAN, ROBERT			E						_	
STREET ADDRESS				ET AODRESS							
CITY-ST-ZIP	APPLETON, WI 54911		-	-ST-ZIP							
TALE	D VAN DEUREN, RICHARD	<b>I</b> Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	1000 N WATER ST #2100			ET ADDRESS							
CITY-ST-ZIP	MILWAUKEE, WI 532023186			-ST-ZIP							
TITLE	D	☐ Delete	TITLE						Change	☐ Addition	
NAME	STOLLENWERK, JOHN		NAM								
STREET ADDRESS	201 E SEVEN HILLS RD	•		ET ADORESS							
CITY-ST-ZIP	PORT WASHINGTON, WI 53074		_	· ST-ZIP							
TITLE	D DETER	<b>☑</b> Delete	TITLE					l	Change	Addition	
NAME STREET ADDRESS	FISCHER, PETER N 233 CLAER VUE SHORES		NAM! STRE	ET ADDRESS							
CITY-ST-ZIP	CEDAR GROVE, WI 53013			-ST-ZIP							
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emports or on an attachment with an address, v	true and accurate and that in wered to execute this report a	ny signat as requi	ture shall ba	ve the s	ame lenal effect	as il made under i	nath that I an	n an ollicer	or director	
SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Dayling Phone											