

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90062 049 ***150.00

DOCUMENT # F96000003071

1. Entity Name
ALLEN-EDMONDS SHOE CORPORATION



Principal Place of Business
**201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**

Mailing Address
**201 E 7 HILLS RD BOX 998
PORT WASHINGTON WI 53074-0998**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Beck, Abby
SCHROEDER, ABIGAIL

**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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FLECKENSTEIN, ANDREW**
STREET ADDRESS **2525 N. 124TH ST., SUITE 200**
CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE **DCP** ☐ Change ☒ Addition
NAME **Stollenwerk, John J**
STREET ADDRESS **201 E Seven Hills Rd Box 998**
CITY-ST-ZIP **Port Washington WI 53074-0998**

TITLE **D** ☐ Delete
NAME **DIULIO, ALBERT J REV.**
STREET ADDRESS **500 EL CAMINO REAL**
CITY-ST-ZIP **SANTA CLARA CA 95053-0001**

TITLE **V** ☐ Change ☒ Addition
NAME **Ripple, Louis J**
STREET ADDRESS **201 E Seven Hills Rd Box 998**
CITY-ST-ZIP **Port Washington WI 53074-0998**

TITLE **D** ☐ Delete
NAME **BUCHANAN, ROBERT.**
STREET ADDRESS **100 W. LAWRENCE ST., 4TH FLOOR**
CITY-ST-ZIP **APPLETON WI 54911**

TITLE **CEO** ☐ Change ☒ Addition
NAME **Neuman, Ronald W**
STREET ADDRESS **201 E Seven Hills Road Box 998**
CITY-ST-ZIP **Port Washington WI 53074-0998**

TITLE **D** ☐ Delete
NAME **VAN DEUREN, RICHARD**
STREET ADDRESS **1000 N WATER ST #2100**
CITY-ST-ZIP **MILWAUKEE WI 53202-3186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHUENKE, DONALD**
STREET ADDRESS **777 E WISCONSIN AVE #3015 FIRSTAR BLDG**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FISCHER, PETER**
STREET ADDRESS **N 233 CLAER VUE SHORES**
CITY-ST-ZIP **CEDAR GROVE WI 53013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 address, with all other like empowered.

SIGNATURE:

S. R. ROBERTS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03

Date

262-235-6227

Daytime Phone #

CR2E034 (10/02)