

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90023 038 ***150.00

DOCUMENT # F97000000588

1. Entity Name
KIRSCH INC.

Principal Place of Business Mailing Address
29 E STEPHENSON ST **29 E STEPHENSON ST**
FREEPORT IL 61032 **FREEPORT IL 61032-4235**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **76-0518213** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVENPORT, CLARENCE R	
STREET ADDRESS	29 EAST STEPHENSON STREET	
CITY-ST-ZIP	FREEPORT IL 61061	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIES, BRETT E	
STREET ADDRESS	29 EAST STEPHENSON STREET	
CITY-ST-ZIP	FREEPORT IL 61061	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATSCHULLAT, DALE L	
STREET ADDRESS	6833 STALTER DRIVE, SUITE 101	
CITY-ST-ZIP	ROCKFORD IL 61108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLDREDGE, WILLIAM T	
STREET ADDRESS	ONE MILLINGTON ROAD P.O. BOX 117	
CITY-ST-ZIP	BELOIT WI 53511	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DAVENPORT, CLARENCE R	
STREET ADDRESS	29 EAST STEPHENSON STREET	
CITY-ST-ZIP	FREEPORT IL 61061	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERGUSON, THOMAS A	
STREET ADDRESS	29 EAST STEPHENSON STREET	
CITY-ST-ZIP	FREEPORT IL 61061	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard H. Wolff **Richard H. Wolff - Secretary** 2-22-00 (815) 381-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)