

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90125 011 ***150.00

DOCUMENT # F97000000588

1. Entity Name
KIRSCH INC.

Principal Place of Business 29 E STEPHENSON ST FREEPORT IL 61032 US	Mailing Address 29 E STEPHENSON ST FREEPORT IL 61032 US
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000140



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 <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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
State 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	Director
STREET ADDRESS	Andrea L. Horne
CITY-ST-ZIP	6833 Stalter Dr. Ste 101
	Rockford IL 61108
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP-Associate General Counsel
STREET ADDRESS	Andrea L. Horne
CITY-ST-ZIP	6833 Stalter Dr. Ste 101
	Rockford IL 61108
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Richard H. Wolff
CITY-ST-ZIP	6833 Stalter Dr. Ste 101
	Rockford IL 61108

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** 1-11-01 (815) 381-8115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)