

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000588

1. Entity Name
KIRSCH INC.

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

01-26-2001 90125 011 ***150.00

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

Mailing Address
29 E STEPHENSON ST
FREEPORT IL 61032
US

000440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVENPORT, CLARENCE R		NAME		
STREET ADDRESS	29 EAST STEPHENSON STREET		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT IL 61061		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIES, BRETT E		NAME		
STREET ADDRESS	29 EAST STEPHENSON STREET		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT IL 61061		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATSCHULLAT, DALE L		NAME	Director	
STREET ADDRESS	6833 STALTER DRIVE, SUITE 101		STREET ADDRESS	Andrea L. Horne	
CITY-ST-ZIP	ROCKFORD IL 61108		CITY-ST-ZIP	6833 Stalter Dr. Ste 101	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP-Associate General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLDREDGE, WILLIAM T		NAME	Andrea L. Horne	
STREET ADDRESS	ONE MILLINGTON ROAD P.O. BOX 117		STREET ADDRESS	6833 Stalter Dr. Ste 101	
CITY-ST-ZIP	BELOIT WI 53511		CITY-ST-ZIP	Rockford IL 61108	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVENPORT, CLARENCE R		NAME		
STREET ADDRESS	29 EAST STEPHENSON STREET		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT IL 61061		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, THOMAS A		NAME	Secretary	
STREET ADDRESS	29 EAST STEPHENSON STREET		STREET ADDRESS	Richard H. Wolff	
CITY-ST-ZIP	FREEPORT IL 61061		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)