

**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 <b>29 E STEPHENSON ST          FREEPORT IL 61032          US</b>	Mailing Address <b>29 E STEPHENSON ST          FREEPORT IL 61032          US</b>
---	---

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 <b>76-0518213</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 <b>FL</b> 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Andrea L. Horne</b>
CITY-ST-ZIP	<b>6833 Stalter Dr. Ste 101</b>
	<b>Rockford IL 61108</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP-Associate General Counsel</b>
STREET ADDRESS	<b>Andrea L. Horne</b>
CITY-ST-ZIP	<b>6833 Stalter Dr. Ste 101</b>
	<b>Rockford IL 61108</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary</b>
STREET ADDRESS	<b>Richard H. Wolff</b>
CITY-ST-ZIP	<b>6833 Stalter Dr. Ste 101</b>
	<b>Rockford IL 61108</b>

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)