

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002074 (9)

1. Corporation Name

S.C. JOHNSON TOTAL SOLUTIONS, INC.

Principal Place of Business

1525 HOWE ST.
RACINE WI 53403-2236

Mailing Address

1525 HOWE ST.
RACINE WI 53403-2236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

2. Principal Place of Business

21 8310 16th Street

Suite, Apt. #, etc.

22

City & State

23 Sturtevant, WI

Zip

24 53177

Country

25 USA

2a. Mailing Address

26 8310 16th Street

Suite, Apt. #, etc.

27

City & State

28 Sturtevant, WI

Zip

29 53177

Country

30 USA

4. FEI Number

39-1881629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD
NAME SIMPSON, THOMAS S
STREET ADDRESS 1752 MARTHA WASHINGTON DR.
CITY-ST-ZIP WAUWATOSA WI 53213 ☐ DELETE

TITLE P
NAME ROSSINI, EDWIN R
STREET ADDRESS 14 GREENWOOD CT.
CITY-ST-ZIP RACINE WI 53406 ☐ DELETE

TITLE VS
NAME MEKEEL, STEVEN L
STREET ADDRESS 4827 BLUEBIRD LANE
CITY-ST-ZIP RACINE WI 53406 ☐ DELETE

TITLE T
NAME RUEDINGER, SUSAN K
STREET ADDRESS 4168 W. MARTINTON DR.
CITY-ST-ZIP FRANKLIN WI 53132 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan K. Ruedinger, Secretary of State

CR2E034 (10/97)