

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000005830**

1. Entity Name  
IRISTA, INC.



Principal Place of Business

2855 S. JAMES DR.  
NEW BERLIN, WI 53151

Mailing Address

P.O. BOX 1512  
MILWAUKEE, WI 53201-1512 US

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
91-1303556

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPLUDE, JOHN W
STREET ADDRESS	2855 S JAMES DR.
CITY-ST-ZIP	NEW BERLIN, WI 53151
TITLE	VPTD
NAME	HINES, JOHN C
STREET ADDRESS	2855 S JAMES DR.
CITY-ST-ZIP	NEW BERLIN, WI 53151
TITLE	VPSD
NAME	STRICKER, THOMAS L JR.
STREET ADDRESS	2855 S JAMES DR.
CITY-ST-ZIP	NEW BERLIN, WI 53151
TITLE	VP
NAME	STOLLBERG, JAMES M
STREET ADDRESS	2855 S JAMES DR.
CITY-ST-ZIP	NEW BERLIN, WI 53151
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Thomas L. Stricker, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

262-860-7000

Daytime Phone #