

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 022 ***150.00

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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



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/30/07

Date

262-860-7000

Daytime Phone #