

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90297 008 \*\*\*150.00

**DOCUMENT # F98000003963**

1. Entity Name

THE HUDSON-SHARP MACHINE COMPANY



Principal Place of Business

Mailing Address

975 LOMBARDI AVENUE  
GREEN BAY WI 54307-9038

975 LOMBARDI AVENUE  
GREEN BAY WI 54307-9038

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

52-2101868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABLON, BROOKE 630 FIFTH AVE., SUITE 1530 NEW YORK NY 10111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HACHELL, PETER 975 LOMBARDI AVENUE GREEN BAY WI 54307-9038 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Davis, Timothy 975 Lombardi Avenue Green Bay, WI 54304 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REINERT, GARY P 975 LOMBARDI AVENUE GREEN BAY WI 54307-9038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Newhall, Kristin A 630 Fifth Avenue, Suite 1530 New York, NY 10111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHIN, DON 5000 HALIFAX #107 EDINA MN 55424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sahan Kaya, Yalcin Denderstraat 56 93 Aalst Belgium <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAULT, DON 2609 YOUNGDALE DRIVE LAS VEGAS NV 89134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** *May P. Reinert* *Gary Reinert CFO Sec 4/27/04 920-494-4571*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment

24061843

FF

798000003963

HUDSON SHARP MACHINE COMPANY

PRESIDENT:

TIMOTHY DAVIS  
975 LOMBARDI AVENUE  
GREEN BAY, WI 54304  
920/494-4571

SECRETARY:

GARY P REINERT  
975 LOMBARDI AVE  
GREEN BAY, WI 54304  
920/494-4571

DIRECTORS:

BROOKE ABLON  
630 FIFTH AVENUE  
SUITE 1530  
NEW YORK, NY 10111  
212/265-8307

DON RUSHIN  
5000 HALIFAX  
# 107  
EDINA, MN 55424  
612/925-5651

KRISTIN A. NEWHALL  
630 FIFTH AVENUE  
SUITE 1530  
NEW YORK, NY 10111  
212/265-6575

YALCIN SAHANKAYA  
DENDERSTRAAT 56  
93 AALST  
BELGIUM