

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90026 023 \*\*\*\*61.25

DOCUMENT # F98000005337

1. Corporation Name

INDUSTRIES FOR THE BLIND, INC.

Principal Place of Business  
3220 W. VLIET STREET  
MILWAUKEE WI 53208-2400

Mailing Address  
3220 W. VLIET STREET  
MILWAUKEE WI 53208-2400



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

39-0840476

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

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

TITLE P  
NAME LANGE, CHARLES  
STREET ADDRESS 3220 W. VLIET STREET  
CITY-ST-ZIP MILWAUKEE WI 53208-2400

TITLE S ☐ DELETE

NAME HEGLER, BETTY  
STREET ADDRESS 3220 W. VLIET STREET  
CITY-ST-ZIP MILWAUKEE WI 53208-2400

TITLE T ☐ DELETE

NAME WALLS, KAREN  
STREET ADDRESS 3220 W. VLIET STREET  
CITY-ST-ZIP MILWAUKEE WI 53208-2400

TITLE C ☐ DELETE

NAME TREPTOW, DEAN  
STREET ADDRESS 3220 W. VLIET STREET  
CITY-ST-ZIP MILWAUKEE WI 53208-2400

TITLE VC ☐ DELETE

NAME HIRSCH, CLAUDE  
STREET ADDRESS 3220 W. VLIET STREET  
CITY-ST-ZIP MILWAUKEE WI 53208-2400

TITLE D ☐ DELETE

NAME BRUECKER, JOHN  
STREET ADDRESS 3220 W. VLIET STREET  
CITY-ST-ZIP MILWAUKEE WI 53208-2400

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0081908

CR2E037 (11/98)