

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005337

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-0840476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME JAMES MAULATT
STREET ADDRESS 3220 W VLIET STREET
CITY-ST-ZIP MILWAUKEE WI 53208-2400

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

(SIGNATURE REQUIRED)

6-4-01

(414) 933-436



DO NOT WRITE IN THIS SPACE

FILED
Jun 14, 2001 8:00 am
Secretary of State
06-14-2001 90009 032 ****61.25