

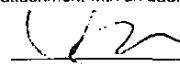


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90030 033 ****61.25

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 - No P.O. Box # 445 S. CURTIS ROAD Suite, Apt. #, etc. WEST ALLIS, WI City & State 53214-1016 Zip Country USA		3. Mailing Address 445 S. CURTIS ROAD Suite, Apt. #, etc. WEST ALLIS, WI City & State 53214-1016 Zip Country USA	
		<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">40008242</div> 	
		01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 39-0840476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGE, CHARLES 3220 W. VLIET STREET MILWAUKEE, WI 532082400	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NATZKE, DON 3220 W. VLIET STREET MILWAUKEE, WI 532082400	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLS, KAREN 3220 W. VLIET STREET MILWAUKEE, WI 532082400	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALLATT, JAMES 3220 W. VLIET STREET MILWAUKEE, WI 532082400	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COVERDALE, DAVID 3220 W. VLIET STREET MILWAUKEE, WI 53208	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUECKER, JOHN 3220 W. VLIET STREET MILWAUKEE, WI 532082400	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	445 S. CURTIS ROAD WEST ALLIS, WI 53214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	445 S. CURTIS ROAD WEST ALLIS, WI 53214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	445 S. CURTIS ROAD WEST ALLIS, WI 53214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	445 S. CURTIS ROAD WEST ALLIS, WI 53214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 		KAREN WALLS 1-5-07 (414) 778-3047	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	