2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 8:00 am
Secretary of State
02-22-2008 90016 045 ****61.25

DOCUMENT # F98000005337

1. Entity Name

INDUSTRIES FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
445 S. CURTIS RD WEST ALLIS WI 53214-1016	445 S. CURTIS RD WEST ALLIS WI 53214-1016

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
445 S. CURTIS ROAD	445 S. CURTIS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST ALLIS WI	City & State: WEST ALLIS, WI
Zip: 53214 Country: USA	Zip: 53214 Country: USA

4. FEI Number: 39-0840476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. 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: N/A 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 445 S. CURTIS RD WEST ALLIS WI 53214 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD DEAN TREPTOW BOX 62 E. ROSEBUD ROAD ROSCOE, MT 59071 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NATZKE, DON 445 S. CURTIS RD WEST ALLIS WI 53214 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD DAN LOCOCO 225 N. 90TH STREET MILWAUKEE WI 53226 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALLS, KAREN 445 S. CURTIS RD WEST ALLIS WI 53214 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD THOMAS SCRIVNER 100 E. WISCONSIN AVE STE 3300 MILWAUKEE, WI 53202 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MALLATT, JAMES 445 S. CURTIS RD WEST ALLIS WI 53214 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD DEB LUCAS N52 W26745 JANET COURT PEWAUKEE, WI 53072 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD RICHARD FULLINGTON 5150 N. PORT WASHINGTON ROAD MILWAUKEE, WI 53217 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD TOM BOYER 10470 S. 4TH AVE OAK CREEK, WI 53154 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD PAUL HAAS 3700 S. 104 TH STREET GREENFIELD, WI ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BYD PAMELA MARSHALL 4862 W. DEAN ROAD BROWN DEER, WI 53233 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 TREASURER 1-25-08 (414) 778-3047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #