

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000005337

FILED
Jul 09, 2003
Secretary of State

Entity Name: INDUSTRIES FOR THE BLIND, INC.

Current Principal Place of Business:

3220 W. VLIET STREET
MILWAUKEE, WI 532082400

New Principal Place of Business:

Current Mailing Address:

3220 W. VLIET STREET
MILWAUKEE, WI 532082400

New Mailing Address:

FEI Number: 39-0840476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANGE, CHARLES
Address: 3220 W. VLIET STREET
City-St-Zip: MILWAUKEE, WI 532082400

Title: S () Delete
Name: NATZKE, DON
Address: 3220 W. VLIET STREET
City-St-Zip: MILWAUKEE, WI 532082400

Title: T () Delete
Name: WALLS, KAREN
Address: 3220 W. VLIET STREET
City-St-Zip: MILWAUKEE, WI 532082400

Title: C () Delete
Name: MALLATT, JAMES
Address: 3220 W. VLIET STREET
City-St-Zip: MILWAUKEE, WI 532082400

Title: VC () Delete
Name: STOLZ, JOHN
Address: 3220 W. VLIET STREET
City-St-Zip: MILWAUKEE, WI 532082400

Title: D () Delete
Name: BRUECKER, JOHN
Address: 3220 W. VLIET STREET
City-St-Zip: MILWAUKEE, WI 532082400

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN WALLS

VP

07/09/2003

Electronic Signature of Signing Officer or Director

Date

DEAN TREPTOW
3220 W VLIET STREET
MILWAUKEE, WI 53208

HOWARD MARKWARDT
3220 W VLIET STREET
MILWAUKEE, WI 53208

DEBRA LUCAS, VP CONTRACTS
3220 W VLIET STREET
MILWAUKEE, WI 53208

JAMES HENDERSON
3220 W VLIET STREET
MILWAUKEE, WI 53208

PAUL HAAS
3220 W VLIET STREET
MILWAUKEE, WI 53208

RICHARD FULLINGTON
3220 W VLIET STREET
MILWAUKEE, WI 53208

DAVID COVERDALE
3220 W VLIET STREET
MILWAUKEE, WI 53208

DAVID COVERDALE