

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005823

FILED
Apr 04, 2006
Secretary of State

Entity Name: WISPAK TRANSPORT, INC.

Current Principal Place of Business:

200 SOUTH EMMER LANE
MILWAUKEE, WI 53233

New Principal Place of Business:

Current Mailing Address:

PO BOX 5626
MINNEAPOLIS, MN 554405626

New Mailing Address:

FEI Number: 39-1142938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUCKNER, WILLIAM
Address: 15407 MC GINTY RD
City-St-Zip: WAYZATA, MN 55391

Title: D () Delete
Name: MEIER, JONATHAN E
Address: 15407 MCGINTY RD
City-St-Zip: WAYZATA, MN 55391

Title: VP () Delete
Name: HALBACH, PATRICE H
Address: 15407 MC GINTY RD
City-St-Zip: WAYZATA, MN 55391

Title: D () Delete
Name: DOLINER, DAVID S
Address: 15407 MC GINTY RD
City-St-Zip: WAYZATA, MN 55391

Title: AS () Delete
Name: SMITH, JEANNE Y
Address: 15407 MC GINTY RD
City-St-Zip: WAYZATA, MN 55391

Title: AS () Delete
Name: CLEMENS, JAMES R
Address: 15407 MCGINTY RD. WEST
City-St-Zip: WAYZATA, MN 55391

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BUCKNER, WILLIAM
Address: 15407 MC GINTY RD
City-St-Zip: WAYZATA, MN 55391

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: S (X) Change () Addition
Name: JOHNSON-HOFFMAN, NICOLE
Address: 15407 MC GINTY RD
City-St-Zip: WAYZATA, MN 55391

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. CLEMENS

AS

04/04/2006

Electronic Signature of Signing Officer or Director

Date