

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90367 020 \*\*\*550.00

**DOCUMENT # F99000000025**

1. Entity Name  
**MANITOWOC BEVERAGE SYSTEMS, INC.**

Principal Place of Business P.O. BOX 66 MANITOWOC WI 54221-0066	Mailing Address P.O. BOX 66 MANITOWOC WI 54221-0066
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100100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>06-1530881</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name _____			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P/D <b>GROWCOCK, T. D.</b>	<input type="checkbox"/> Delete	TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>500 S. 16TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MANITOWOC WI 54220</b>		CITY-ST-ZIP	
TITLE NAME SD <b>JONE, M.D.</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>500 S. 16TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MANITOWOC WI 54220</b>		CITY-ST-ZIP	
TITLE NAME D <b>FRIEDL, ROBERT R</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>103 MILL PLAIN ROAD SUITE 6</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DANBURY CT 06811</b>		CITY-ST-ZIP	
TITLE NAME T/D <b>TELLOCK, G. E.</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>500 S. 16TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MANITOWOC WI 54220</b>		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME P <b>T.D. KRAUS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS <b>500 SOUTH 16TH STREET</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MANITOWOC, WI 54220</b>	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Jones* **5-201** **920-683-8135**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachments

Manitowoc Beverage Systems, Inc.  
1001 Hamilton Drive  
Holland, OH 43528

Attachment to Florida Uniform Business Report

# FG 9 0000000025  
766782

OFFICERS & DIRECTORS

Director - Chairman

T. D. Growcock, 2102 Hunters Ridge Ct., Manitowoc, WI 54220

Secretary & Director

M. D. Jones, 2108 Cappaert Road, Manitowoc, WI 54220

Treasurer & Director

G. E. Tellock, 8529 Arrow Road, Manitowoc, WI 54220

President

T. J. Kraus, 3609 Adams Street, Two Rivers, WI 54241