

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003707	
1. Entity Name WEYCO, INC.	



Principal Place of Business 2370 SCIENCE PARKWAY OKEMOS, MI 48864	Mailing Address 2370 SCIENCE PARKWAY OKEMOS, MI 48864
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2328142	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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
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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 _____ (NOTE: Registered Agent signature required when re/setting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEYERS, HOWARD J 2370 SCIENCE PARKWAY OKEMOS, MI 48864
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEYERS, E. KATHLEEN 2370 SCIENCE PARKWAY OKEMOS, MI 48864
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLIMES, GARY A 2370 SCIENCE PARKWAY OKEMOS, MI 48864
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80063-017 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: _____ 1/7/04 349.70/0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #