Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000261071 3)))



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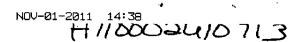
REGISTERED AGENT CHANGE WENN/SOFT INC.

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Electronic Filing Menu

Corporate Filing Menu

Help



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			.0302, 607.1508, or 617.1508 rganized under the laws of the		es, this elaware	
	-	-	egistered agent, or both, in the	-	I.	
1. The name of t	he comoration:	WENN/SOFT	I' INC.			
2. The principal office address: 1970 S Calhoun Rd., New Berlin, Wisconsin 53151						
3. The mailing a	ddress (if differe	mt):				_
4. Date of incorporation/qualification: 11/12/1999 Document number: F99000006036						
		f the current register If resigned, enter res	red agent and registered office signed)	on file with the		
	CORPORA	TION SERVIC	E COMPANY		7A. 30	
	1201 HAYS	STREET		<u> </u>	2011 NOV	77
	TALLAHAS	SEE FL 32301	US		HASS	-
6. The name and (if changed):	street address o	f the new registered	agent (if changed) and /or reg	sistered office	AH 50 30 YOF STATE EE, FLORIII	
	C T Corpo	ration System			30	
	1200 Sout	h Pine Island Ro	oad, Plantation, Florida	33324	- Angle	
		P.O. Blo	x NOT acceptable			
The street addre	ess of its register be identical.	ed office and the st	reet address of the business	office of its regis	stered agent,	
Such change wa authorized by th	as authorized by the board, or the	resolution duly add corporation has bee	opted by its board of director in notified in writing of the cl	rs or by an office hange.	r so	
- Strate	e of an officer or three	Gor	TEFFREY A	2 SAILL NG	-CFO/Trees	rer
I her by accept I further agree to of my duties, and document is bein corporation has	the appointment o comply with the d I am familiar was ng filed merely to been notified in	t as registered agen he provisions of all with and accept the o reflect a change t writing of this cha	nt and agree to act in this cap statutes relative to the prope obligation of my position as in the registered office addre inge.	pacity. er and complete s registered agen ess, I hereby conj	performance nt. Or, if this firm that the	
Narll			26th day of Apri			
Sign	nature of Registered A	gent	De	ule		
If signing on bel	half of an entity:	:				
Mark Williams	s, AVP					
Ty	ped or Printed Name					

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

EITOINECOCNIH