

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90129 032 *****50.00

DOCUMENT # M02000000954

1. Entity Name

JOHNSON DIVERSEY SUBSIDIARY AC, LLC



Principal Place of Business

C/O S.C. JOHNSON COMMERCIAL MARKETS, INC.
8310 16TH STREET
STURTEVANT WI 53177

Mailing Address

C/O S.C. JOHNSON COMMERCIAL MARKETS, INC.
8310 16TH STREET
STURTEVANT WI 53177

2. Principal Place of Business

JohnsonDiversey, Inc.

3. Mailing Address

JohnsonDiversey, Inc.

Suite, Apt. #, etc.

8310 - 16 Street

Suite, Apt. #, etc.

8310 - 16 Street

City & State

Sturtevant, WI

City & State

Sturtevant, WI

Zip

53177

Country

USA

Zip

53177

Country

USA

4. FEI Number

61-1409373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **S.C. JOHNSON COMMERCIAL MARKETS, INC.**
STREET ADDRESS **8310 16TH STREET**
CITY-ST-ZIP **STURTEVANT WI 53177**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **JohnsonDiversey, Inc.**
STREET ADDRESS **8310 - 16 Street**
CITY-ST-ZIP **Sturtevant, WI 53177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **JoAnne Brandes**
STREET ADDRESS **8310 - 16 Street**
CITY-ST-ZIP **Sturtevant, WI 53177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **David C. Quast**
STREET ADDRESS **8310 - 16 Street**
CITY-ST-ZIP **Sturtevant, WI 53177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **Luis F. Machado**
STREET ADDRESS **8310 - 16 Street**
CITY-ST-ZIP **Sturtevant, WI 53177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **Jeffrey M. Haufschild**
STREET ADDRESS **8310 - 16 Street**
CITY-ST-ZIP **Sturtevant, WI 53177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JoAnne Brandes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/03
Date

262-631-2063
Daytime Phone #

CR2E083 (10/02)