

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M79758** (2)

1. Corporation Name

WARD ADHESIVES, INC.

Principal Place of Business

**BIN 426
MILWAUKEE WI 53288
US**

Mailing Address

**N27 W23539 PAUL RD.
PEWAUKEE WI 53072**



3. Date incorporated or Qualified
05/15/1988

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 N27 W23539 PAUL ROAD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PEWAUKEE, WI

27

Zip

Country

Zip

Country

24 53072

25 USA

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMBRECHT, WILLIAM G.
1550 RINGLING BLVD.
SARASOTA FL 34236**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **P**
WARD, MARK D
STREET ADDRESS **1701 PEARL ST. #5**
CITY-ST-ZIP **WAUKESHA WI**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1600 LINDHURST DRIVE
ELM GROVE, WI 53122**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **V**
WARD, RALPH D
STREET ADDRESS **1701 PEARL ST #5**
CITY-ST-ZIP **WAUKESHA WI**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**20770 BARTLETT COURT
BROOKFIELD, WI 53045**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **T**
WARD, MARK
STREET ADDRESS **1701 PEARL ST #5**
CITY-ST-ZIP **WAUKESHA WI**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SAME AS ABOVE

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **S**
WARD, LAVERNE
STREET ADDRESS **1701 PEARL ST. #5**
CITY-ST-ZIP **WAUKESHA WI**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**20770 BARTLETT COURT
BROOKFIELD, WI 53045**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

MARK D. WARD

02/28/96

414-523-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)