FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83640** **(6)**

1. Corporation Name
AGTECH PRODUCTS, INC.

Principal Place of Business	Mailing Address
W227 N752 WESTMOUND DR. WAUKESHA WI 53186 US	P. O. BOX 340635 MILWAUKEE WI 53234 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/25/1988**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **59-2894660** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

ENWALL, PETER C. K.
211 N.E. 1ST STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	WOSKOW, STEVEN	1.2 NAME	Woskow, Steven	
STREET ADDRESS	2479 N 85TH ST.	1.3 STREET ADDRESS	2479 N. 85th Street	
CITY-ST-ZIP	WAUWATOSA WI	1.4 CITY-ST-ZIP	Wauwatosa, WI 53226	
TITLE	VS	2.1 TITLE	DVS	☒ Change ☐ Addition
NAME	REHBERGER, THOMAS	2.2 NAME	Rehberger, Thomas	
STREET ADDRESS	8422 JACKSON PARK BLVD.	2.3 STREET ADDRESS	8422 Jackson Park Blvd.	
CITY-ST-ZIP	WAUWATOSA WI	2.4 CITY-ST-ZIP	Wauwatosa, WI 53226	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	Howley, Kevin	
STREET ADDRESS		3.3 STREET ADDRESS	100 N. Water Street, Suite 2100	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Milwaukee, WI 53202	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Steven Woskow Steven Woskow 4/5/95 414-521-1717
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040010 FF