

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018045 SP

DOCUMENT # M98000001057

1. Entity Name
MAYSTEEL, LLC

00 MAY -3 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
N89214700 PATRIA DRIVE
MENOMONEE FALLS WI 53052

Mailing Address
N89214700 PATRIA DRIVE
MENOMONEE FALLS WI 53052



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1938082

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME CLASEN, THOMAS F
STREET ADDRESS 800 NORTH MARSHALL STREET
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003269561--0
-05/30/00--01006--021
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME HARTER, KIM A
STREET ADDRESS N89214700 PATRIA DRIVE
CITY-ST-ZIP MENOMONEE FALLS WI 53052 ☐ Delete

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

TITLE MGR
NAME HAUSKE, THOMAS J JR.
STREET ADDRESS N89 W14700 PATRICIA DR.
CITY-ST-ZIP MENOMONEE FALLS WI 53052 ☐ Delete

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

TITLE MGR
NAME HAUSKE, THOMAS J SR.
STREET ADDRESS 1000 WEST BRUCE STREET
CITY-ST-ZIP MILWAUKEE WI 53204 ☐ Delete

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

TITLE MGR
NAME KRULL, CHARLES D
STREET ADDRESS 10201 W. LINCOLN AVENUE
CITY-ST-ZIP MILWAUKEE WI 53227 ☐ Delete

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

TITLE MGR
NAME PERRY, RANDALL M
STREET ADDRESS 901 MAXWELL STREET
CITY-ST-ZIP LAKE GENEVA WI 53147 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/28/00

CR2E083 (9/99)