

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0032880 SP

DOCUMENT # M98000001057

1. Entity Name

MAYSTEEL, LLC

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

Zip

Country

Zip

Country

4. FEI Number

39-1938082

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.

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

800004323568--0
-05/25/01--01070--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

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

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

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

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:

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

Date

Daytime Phone #

4/23/01

CR2E083 (11/00)