LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State
07-11-2002 90252 011 ****50.00

DOCUMENT # M98000001057

1. Entity Name

MAYSTEEL, LLC

970109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
N89214700 PATRIA DRIVE	330 E. KILBOURN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 750
City & State MENOMNEE FALLS, WI	City & State MILWAUKEE, WI
Zip 53502 / Country USA	Zip 53122 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1938082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	SUMPTER, JERRY L.
STREET ADDRESS	200 N. BEECHTREE ST.
CITY-ST-ZIP	GRAND HAVEN, MI 49417
TITLE	MGR
NAME	HARTER, KIM A
STREET ADDRESS	N89214700 PATRIA DR
CITY-ST-ZIP	MENOMONEE FALLS, WI 53052
TITLE	MRG
NAME	HAUSKE, THOMAS J JR.
STREET ADDRESS	330 E. KILBOURN #750
CITY-ST-ZIP	MILWAUKEE, WI 53122
TITLE	MGR
NAME	HAUSKE, THOMAS J SR.
STREET ADDRESS	330 E. KILBOURN #750
CITY-ST-ZIP	MILWAUKEE, WI 53122
TITLE	MGR
NAME	SEGERDAHL, ANDERS
STREET ADDRESS	800 NORTH MARSHALL STREET
CITY-ST-ZIP	MILWAUKEE, WI 53122
TITLE	MGR
NAME	PERRY, RANDALL M
STREET ADDRESS	330 E. KILBOURN #750
CITY-ST-ZIP	MILWAUKEE, WI 53122

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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: _____ STEVEN J HARTUNG SECRETARY 6/27/02 414-223-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STF FL32519F.1