

2001 UNIFORM BUSINESS REPORT (UBR)

0028515 AF

DOCUMENT # M99000000125

1. Entity Name

SAFWAY FORMWORK SYSTEMS, L.L.C.

Principal Place of Business

N14 W23833 STONE RIDGE DRIVE, SUITE 400
WAUKESHA WI 53188

Mailing Address

P.O. BOX 1991
MILWAUKEE WI 53201

FILED

01 JUL 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1944699

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

300004513463--9
-08/03/01--01005--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR WILSON, MARC
STREET ADDRESS N14 W23833 STONE RIDGE, SUITE 400
CITY-ST-ZIP WAUKESHA WI 53188 ☐ Delete

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

TITLE NAME MGR VOGT, ALFONS DR
STREET ADDRESS REHHECKE 80, 40885
CITY-ST-ZIP RATINGEN, GERMANY ☐ Delete

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

TITLE NAME MGR KLAUS NORDHOFF
STREET ADDRESS D-58840
CITY-ST-ZIP PLATTENBERG, WEST GERMANY ☒ Delete

TITLE NAME MGR Rolf-Bernd Maas
STREET ADDRESS Rehhecke 80, 40885
CITY-ST-ZIP Ratingen, Germany ☐ Change ☒ Addition

TITLE NAME MGR ROBERT M. SUKALICH
STREET ADDRESS N14 W23833 STONE RIDGE DR., STE. 400
CITY-ST-ZIP WAUKESHA WI 53188 ☐ Delete

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

TITLE NAME MGR ALAIN BAYOUD
STREET ADDRESS 2 HAMIL ROAD, STE. 246 WEST
CITY-ST-ZIP BALTIMORE MD 21210 ☒ Delete

TITLE NAME MGR Trevor Gosney
STREET ADDRESS N14 W23833 Stone Ridge Drive, Suite 400
CITY-ST-ZIP Waukesha, WI 53188 ☐ Change ☒ Addition

TITLE NAME MGR JON P. WEBER
STREET ADDRESS N14 W23833 STONE RIDGE DR., STE. 400
CITY-ST-ZIP WAUKESHA WI 53188 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
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

Jon P. Weber, Secretary

7/24/01

Date

262-523-6500

Daytime Phone #

CR2E083 (11/00)