**FILE NOW: FILING FEE AFTER MAY 1 IS ~~$550.00~~ 61.25**

# FILED
# May 01 1997 8:00am
# Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N93000003013

1. Corporation Name
NBI, INC.

Principal Place of Business
3728 SPOONER AVE
ALTOONA, WI 54720
USA

Mailing Address
SAME

3. Date Incorporated or Qualified: 6/28/93
3a. Date of Last Report: 4/8/96

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: 39-1768861 ☐ 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

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

**9. Name and Address of Current Registered Agent**

WESTGATE, DAVID B.
SUITE 201
6161 - 9TH STREET, NORTH
ST. PETERSBURG, FL 33702

**10. Name and Address of New Registered Agent**

81 Name: BARNETT, BOLT, KIRKWOOD & LONG ATTORNEYS AT LAW
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 700
83: 601 BAYSHORE BOULEVARD
84 City: TAMPA FL 85 Zip Code: 33606

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: BARNETT, BOLT, KIRKWOOD & LONG ATTORNEYS AT LAW (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/9/97

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P/D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WALDHART-LARSEN, MARGARET | | 1.2 NAME | | |
| STREET ADDRESS | 3712 SPOONER AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTOONA, WI | | 1.4 CITY-ST-ZIP | | |
| TITLE | S/T/D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AMUNDSON, ROGER | | 2.2 NAME | | |
| STREET ADDRESS | 3712 SPOONER AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTOONA, WI | | 2.4 CITY-ST-ZIP | | |
| TITLE | V/D | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KITSCH, JAMES E. | | 3.2 NAME | | |
| STREET ADDRESS | 3712 SPOONER AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTOONA, WI | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | CHILDS, BEVERLY | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 3712 SPOONER AVE | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ALTOONA, WI | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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14. 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 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:** ROGER AMUNDSON SECRETARY 4/2/97 715-835-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #