

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P05268 (8)

1. Corporation Name

DERCO INDUSTRIES, INC.
AEROSPACE



Principal Place of Business

8000 W TOWER AVE
P O BOX 25549
MILWAUKEE WI 53225

Mailing Address

8000 W TOWER AVE
P O BOX 25549
MILWAUKEE WI 53225

3. Date Incorporated or Qualified
03/11/1985

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
39-1344641

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

DERMOND, EDWARD
4520 W. TRADEWINDS AVENUE
LAUDERDALE-BY-SEA FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when nonstate.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DERMOND, ERIC
STREET ADDRESS 1625 LEGION DR.
CITY-ST-ZIP ELM GROVE WI ☐ DELETE

TITLE V
NAME DERMOND, JEAN-MAX
STREET ADDRESS 2909 E NEWBERRY
CITY-ST-ZIP MILWAUKEE WI ☐ DELETE

TITLE ST
NAME MCCANN, KAREN
STREET ADDRESS 1625 LEGION DR.
CITY-ST-ZIP ELM GROVE WI ☒ DELETE

TITLE D
NAME PETERSON, SANDRA
STREET ADDRESS 2909 E. NEWBERRY
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

TITLE V
NAME MARK HOEHNEN
STREET ADDRESS P.O. BOX 25549
CITY-ST-ZIP MILWAUKEE, WI 53225 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

4/8/96

(414) 355-3066

CR2E034 (12/95)