2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90648 046 ***150.00

DOCUMENT # P05268

1. Entity Name
DERCO INDUSTRIES, INC.

Principal Place of Business	Mailing Address
8000 W TOWER AVE P O BOX 25549 MILWAUKEE WI 53225	8000 W TOWER AVE P O BOX 25549 MILWAUKEE WI 53225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: PO BOX 250970	Suite, Apt. #, etc.: PO BOX 250970
City & State: Milwaukee, WI	City & State: Milwaukee, WI
Zip: 53225 Country: USA	Zip: 53225 Country: USA

4. FEI Number: 39-1344641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DERMOND, EDWARD 4520 W. TRADEWINDS AVENUE LAUDERDALE-BY-THE-SEA FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DERMOND, ERIC 1625 LEGION DR. ELM GROVE WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1200 Orchard Dr. Elm Grove, WI 53122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DERMOND, JEAN-MAX 2909 E NEWBERRY MILWAUKEE WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP MARK HOEHNEN P. O. BOX 25549 MILWAUKEE WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO Box 250970 Milwaukee, WI 53225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DERMOND, STEPHANE P.O. BOX 25549 MILWAUKEE WI 53225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO BOX 250970 Milwaukee, WI 53225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 10th 02 (414)355-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #