

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 # P08543

(1)

1. Corporation Name

SPEED QUEEN COMPANY



Principal Place of Business

SHEPARD ST
POB BOX 990
RIPON WI 54971-0990

Mailing Address

SHEPARD ST
POB BOX 990
RIPON WI 54971-0990

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

3. Date Incorporated or Qualified
12/27/1985 9-25-79

3a. Date of Last Report
12/19/1995

4. FBI Number

04-2681931

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 N/A

Signature typed or printed name of registered agent and signed and dated

Signature typed or printed name of new registered agent and signed and dated

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME WALLACE, ROBERT T.
STREET ADDRESS 1798 HUNTERS GLEN DRIVE
CITY-ST-ZIP OSHKOSH WI 54904

TITLE COB
NAME SWAM, ROBERT L.
STREET ADDRESS 21 GLEN OAK DR
CITY-ST-ZIP WAYLAND MA

TITLE DP
NAME BENNETT, JAMES L.
STREET ADDRESS 416 SHEPARD ST
CITY-ST-ZIP RIPON WI

TITLE VPF
NAME ROUNDS, BRUCE P.
STREET ADDRESS 1510 MARICOPA DR
CITY-ST-ZIP OSHKOSH WI

TITLE SGC
NAME SPILLER, SCOTT L.
STREET ADDRESS 2920 WESTMOOR DR
CITY-ST-ZIP OSHKOSH WI

TITLE T
NAME DEITCHER, HERBERT
STREET ADDRESS 9 LONGBOW CIRCLE
CITY-ST-ZIP LYNNFIELD MA

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 113.07(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 person or justice 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: R.T. WALLACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

414-748-3121

Date

Daytime Phone #

CR2E034 (12/95)