

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90196 007 ***750.00

DOCUMENT # P12837

1. Entity Name
WIGAND CORPORATION

Principal Place of Business
850 ELKTON DRIVE
COLORADO SPRINGS CO 80907

Mailing Address
850 ELKTON DRIVE
COLORADO SPRINGS CO 80907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-0830876**

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

CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **MCQUIGG, RICK**
 STREET ADDRESS **901 44TH ST.**
 CITY-ST-ZIP **GRAND RAPIDS MI 49508**

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

TITLE **V** ☐ Delete
 NAME **CURRY, DON**
 STREET ADDRESS **850 ELKTON DRIVE**
 CITY-ST-ZIP **COLORADO SPRINGS CO**

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

TITLE **VSTD** ☐ Delete
 NAME **STEPHAN, JAY**
 STREET ADDRESS **850 ELKTON DRIVE**
 CITY-ST-ZIP **COLORADO SPRINGS CO 80907**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **901 44th st**
 CITY-ST-ZIP **Grand Rapids, MI 49508**

TITLE **D** ☐ Delete
 NAME **ALWYN ROUGIER-CHAPMAN**
 STREET ADDRESS **901 44TH STREET**
 CITY-ST-ZIP **GRAND RAPIDS MI**

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

TITLE **V** ☐ Delete
 NAME **GUTHRIE, GARY**
 STREET ADDRESS **850 ELKTON DR.**
 CITY-ST-ZIP **COLORADO SPRINGS CO**

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

TITLE **D** ☐ Delete
 NAME **CRAWFORD, WILLIAM**
 STREET ADDRESS **901 44TH STREET SE**
 CITY-ST-ZIP **GRAND RAPIDS MI 49501-1967**

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

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:

Jay B. Stephan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02 616 246-4258
 Date Daytime Phone #

CR2E034 (4/02)