

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90113 033 ***150.00

DOCUMENT # P18029

1. Corporation Name

SVEDALA INDUSTRIES, INC.

Principal Place of Business

20965 CROSSROADS CIRCLE
WAUKESHA WI 53186
US

Mailing Address

20965 CROSSROADS CIRCLE
WAUKESHA WI 53186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1988

4. FEI Number

39-1599801

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS ROBINSON, RONALD A
CITY-ST-ZIP 4815 NEWSTEAD PLACE
COLORADO SPRINGS CO

TITLE ☐ DELETE

NAME V
STREET ADDRESS JOUNG, KI S.
CITY-ST-ZIP 3165 BREHON CT
BROOKFIELD WI

TITLE ☐ DELETE

NAME V
STREET ADDRESS KOPER, R.M.
CITY-ST-ZIP 169 WILLIAM CIR
MCKEES ROCKS PA

TITLE ☐ DELETE

NAME VT
STREET ADDRESS KARLIN, ROGER A.
CITY-ST-ZIP 2780 FARVIEW DR
RICHFIELD WI

TITLE ☐ DELETE

NAME V
STREET ADDRESS BENKO, ANDREW
CITY-ST-ZIP RD 1 BOX 207
DANVILLE PA

TITLE ☐ DELETE

NAME S
STREET ADDRESS FONS, JOHN J
CITY-ST-ZIP 8028 N POPLAR DR
FOX POINT WI

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

3888 RIDGEWOOD ROAD
YORK PA 17402

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

(414) 798-6244

Date

Daytime Phone #

CR2E034 (1/98)