

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P18029****1. Entity Name**
SVEDALA INDUSTRIES, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91097 020 ***150.00

Principal Place of Business20965 CROSSROADS CIRCLE
WAUKESHA WI 53186
US**Mailing Address**20965 CROSSROADS CIRCLE
WAUKESHA WI 53186
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1599801

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

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**

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 \$150.00**
After MAY 1, 2001 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**TITLE **DP** ☐ Delete
NAME **HEMBERGER, NINA R**
STREET ADDRESS **166 WALTER RD.**
CITY-ST-ZIP **YORK PA 17402**TITLE **V** ☐ Delete
NAME **LENHART, WILLIAM G**
STREET ADDRESS **980 LARKSPUR DR.**
CITY-ST-ZIP **BROOKFIELD WI 53045**TITLE **V** ☐ Delete
NAME **KOPER, R.M.**
STREET ADDRESS **169 WILLIAM CIR**
CITY-ST-ZIP **MC KEES ROCKS PA 15136**TITLE **VT** ☐ Delete
NAME **KARLIN, ROGER A.**
STREET ADDRESS **2780 FARVIEW DR**
CITY-ST-ZIP **RICHFIELD WI 53076**TITLE **V** ☐ Delete
NAME **BENKO, ANDREW**
STREET ADDRESS **3888 RIDGEWOOD ROAD**
CITY-ST-ZIP **YORK PA 17402**TITLE **S** ☐ Delete
NAME **FONS, JOHN J**
STREET ADDRESS **8028 N POPLAR DR**
CITY-ST-ZIP **FOX POINT WI 53217****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
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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:***Roger A. Karlin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Date

4/23/01 (262)798-6244

Daytime Phone #

CR2E034 (10/00)