

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19901** (8)  
1. Corporation Name  
**THE WEST BEND COMPANY**

Principal Place of Business  
**400 WASHINGTON STREET  
WEST BEND WI 53095**

Mailing Address  
**1717 DEERFIELD RD  
1717 DEERFIELD ROAD  
DEERFIELD IL 60015  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/30/1988</b>	
4. FEI Number <b>36-3578254</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RINGLER, JAMES M.</b>	1.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIECKHAFFER, THOMAS W.</b>	2.2 NAME	
STREET ADDRESS	<b>5466 WOODLAND SUNSET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST BEND WI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>INDERMUEHLE, RAYMOND C.</b>	3.2 NAME	<b>Neil J. Halvorson</b>
STREET ADDRESS	<b>1322 STIRLING CT.</b>	3.3 STREET ADDRESS	<b>400 Washington Street</b>
CITY-ST-ZIP	<b>WEST BEND WI</b>	3.4 CITY-ST-ZIP	<b>West Bend, WI 53095</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, CARL</b>	4.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLETCHER, L JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANCUSO, GREGORY J</b>	6.2 NAME	
STREET ADDRESS	<b>1717 DEERFIELD RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	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.

SIGNATURE: \_\_\_\_\_ **Carl Johnson** 4/13/98

CR2E034 (10/97)