FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21244** **(9)**

1. Corporation Name
MINSERCO, INC.

Principal Place of Business	Mailing Address
1100 MILWAUKEE AVENUE SOUTH MILWAUKEE WI 53172	1100 MILWAUKEE AVENUE SOUTH MILWAUKEE WI 53172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/11/1988**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **39-1604081** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	NOTE: W. B. Winter retired on December 31, 1994. The new chairman is P. W. Mork as listed below.	☒ Change ☐ Addition
NAME	WINTER, W.B.	1.2 NAME		
STREET ADDRESS	1790 HELENE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	CPD	☒ Change ☐ Addition
NAME	MORK, P.W.	2.2 NAME		
STREET ADDRESS	S96 W32644 VALLEY COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MUKWONAGO WI	2.4 CITY-ST-ZIP		
TITLE	VTD	3.1 TITLE		☐ Change ☐ Addition
NAME	VERVILLE, N.J.	3.2 NAME		
STREET ADDRESS	13500 HIGHWOOD DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ELM GROVE WI	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	GOELZER, D.M.	4.2 NAME		
STREET ADDRESS	7307 NORTH BRIDGE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FOX POINT WI	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☒ Change ☐ Addition
NAME	STRAWDERMAN, D.L.	5.2 NAME		
STREET ADDRESS	18425 GATE POST ROAD	5.3 STREET ADDRESS	543 Copper Lakes Blvd.	
CITY-ST-ZIP	BROOKFIELD WI	5.4 CITY-ST-ZIP	Grover, MO 63040	
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	GONION, W.E.	6.2 NAME		
STREET ADDRESS	537 SYCAMORE AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MILWAUKEE WI	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 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: N. J. Verville N. J. Verville, Vice President-Finance & Treasurer 4/20/95 (414) 768-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480221 · FN