

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P21244****1. Entity Name**
MINSERCO, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90051 012 ***150.00

Principal Place of Business**Mailing Address****1100 MILWAUKEE AVENUE**
SOUTH MILWAUKEE WI 53172**1100 MILWAUKEE AVENUE**
SOUTH MILWAUKEE WI 53172**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 **39-1604081**

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.**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** CPD ☒ Delete
NAME KROGMAN, JAMES M
STREET ADDRESS 1100 MILWAUKEE AVE
CITY-ST-ZIP S MILWAUKEE WI**TITLE** C/P/D/Chief Executive Officer ☒ Change ☐ Addition
NAME Sullivan, Timothy W.
STREET ADDRESS 1100 Milwaukee Avenue
CITY-ST-ZIP South Milwaukee, WI 53172**TITLE** VTSD ☐ Delete
NAME MACKUS, CRAIG R.
STREET ADDRESS 1100 MILWAUKEE AVE
CITY-ST-ZIP S MILWAUKEE WI**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** AT ☐ Delete
NAME GONION, W.E.
STREET ADDRESS 537 SYCAMORE AVENUE
CITY-ST-ZIP SOUTH MILWAUKEE WI**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** Vice President ☐ Change ☒ Addition
NAME Bruno, Frank P.
STREET ADDRESS 1100 Milwaukee Avenue
CITY-ST-ZIP South Milwaukee, WI 53172**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** Vice President & General Mgr. ☒ Change ☒ Addition
NAME Cotterill, Stuart R.
STREET ADDRESS 1100 Milwaukee Avenue
CITY-ST-ZIP South Milwaukee, WI 53172**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. R. Mackus

Vice President-Finance,
Treasurer & Secretary

Date

Daytime Phone #

4/26/01 (414) 768-4828

CR2E034 (10/00)