


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P21244 1. Entity Name MINSERCO, INC.	
---	---

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



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1604081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000108501 04/12/04-80006-001 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SULLIVAN, TIMOTHY W 1100 MILWAUKEE AVE SOUTH MILWAUKEE, WI 53172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD MACKUS, CRAIG R. 1100 MILWAUKEE AVE S MILWAUKEE, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GONION, W.E. 1100 MILWAUKEE AVE SOUTH MILWAUKEE, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SULLIVAN, TIMOTHY W 1100 MILWAUKEE AVE SOUTH MILWAUKEE, WI 53172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNO, FRANK P 1100 MILWAUKEE AVENUE SOUTH MILWAUKEE, WI 53172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGM COTTERILL, STUART R 1100 MILWAUKEE AVENUE SOUTH MILWAUKEE, WI 53172

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. R. Mackus Vice President-Finance,
C. R. Mackus Secretary & Treasurer 4/1/04 414.768.482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *