

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90190 043 ***150.00

0667875 AB

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**



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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY W	
STREET ADDRESS	1100 MILWAUKEE AVE	
CITY-ST-ZIP	SOUTH MILWAUKEE WI 53172	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	MACKUS, CRAIG R.	
STREET ADDRESS	1100 MILWAUKEE AVE	
CITY-ST-ZIP	S MILWAUKEE WI	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GONION, W.E.	
STREET ADDRESS	1100 MILWAUKEE AVE	
CITY-ST-ZIP	SOUTH MILWAUKEE WI	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY W	
STREET ADDRESS	1100 MILWAUKEE AVE	
CITY-ST-ZIP	SOUTH MILWAUKEE WI 53172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRUNO, FRANK P	
STREET ADDRESS	1100 MILWAUKEE AVENUE	
CITY-ST-ZIP	SOUTH MILWAUKEE WI 53172	
TITLE	VPGM	<input type="checkbox"/> Delete
NAME	COTTERILL, STUART R	
STREET ADDRESS	1100 MILWAUKEE AVENUE	
CITY-ST-ZIP	SOUTH MILWAUKEE WI 53172	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Vice President-Finance

SIGNATURE:

[Signature]
CROCKFORD

Secretary & Treasurer 04/28/03 (414) 768-4828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)