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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P21653 (1)

1. Corporation Name
A & B PROCESS SYSTEMS CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
201 S WISCONSIN AVENUE STRATFORD WI 54484-0086 US	P O BOX 86 STRATFORD WI 54484-0086 US

3. Date Incorporated or Qualified: 11/07/1988

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip 24 / Country 25		Zip 29 / Country 30	

4. FEI Number: 39-1216094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ______________________
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	PTD	☐ DELETE	1.1 TITLE	C/T/D ☒ Change ☐ Addition
NAME	HILGEMANN, ANTHONY J.		1.2 NAME	
STREET ADDRESS	1382 PLUM LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOSINEE WI		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILGEMANN, WILLIAM A.		2.2 NAME	
STREET ADDRESS	BALSAM ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	STRATFORD WI		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRODL, NANCY J.		3.2 NAME	
STREET ADDRESS	HIGHWAY 153 EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	STRATFORD WI		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	P ☒ Change ☐ Addition
NAME	LINZMEIER, GLENN R.		4.2 NAME	
STREET ADDRESS	11757 SUNSET DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARSHFIELD WI		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	V ☒ Change ☐ Addition
NAME	GEHRKE, BRIAN K		5.2 NAME	
STREET ADDRESS	410 N AUBURN AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARSHFIELD WI		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.