2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21653

1. Entity Name

A & B PROCESS SYSTEMS CORP.

FILED Jan 23, 2001 8:00 am Secretary of State 01-23-2001 90065 048 ***150.00

						01 23 2001 30003	010	150.00		
,	ce of Business	Mailing Address	. <u> </u>		_					
201 S WISCONSIN AVENUE STRATFORD WI 54484-0086 US		P O BOX 86 STRATFORD WI 54484-0086 US			-	n na n o 103				
						- 1 10 0 (4 0 0 1 1 0 0 1 0 0 0 1 1 0 0 0 0 0 0 0		ALOK END DIE	(11 414) 1 10 1	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\dashv	DO NOT WRITE	E IN THIS S	SPACE		
City & State		City & State			4.	FEI Number 39-1216094			pplied For	
Zip Country		Zip Cour		itry	5. Certificate of Status Dec			\$8.75 Ad		
	6. Name and Address of Current F	Registered Agent				Name and Address of New Re		Fee Require		
	o. Hame and Hadrood of Carteful C	iogiator cu rigerii		Name				r		
	PRENTICE-HALL CORPORATION ST	YSTEM INC.	Street Address (P.O. Box Number is Not Acceptable)							
	HAYS STREET			Oncot noures (1.0. Dox ratinger is not noceptable)						
	te 105 Ahassee fl 32301			}						
iAu	IALLAHAGGEE FL 52501			City FL Zip Code					ie	
	and the second s					- Land Sale Out (Flag		<u> </u>		
o. The above	e named entity submits this statement for	the purpose of changing it	o regioteri	sa omes or region	stored ag	one, or boar, in the otate or rior	ida.			
SIGNATURE										
SIGNATORIE	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registere	d Agent signature requ	uired when re	einstating)	DATE			
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00		10. Election Campaign Fina	unaina			
Tax filing requirement and elects to do so. After MAY 1,				will be \$550.0		Trust Fund Contribution			O May Be d to Fees	
	eria on back)	Make Check Paya		partment of S						
11.	OFFICERS AND D		12,	; [c/		DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR Change	Addition	
TITLE NAME	HILGEMANN, ANTHONY J.	Delete	TITLE NAM	-	-			₩ change	Addition	
STREET ADDRESS	1		STRE	ET ADDRESS						
CITY-ST-ZIP	MOSINEE WI		CITY	-ST-ZIP						
TITLE	VSD	☐ Delete	TITLE	,				Change	☐ Addition	
NAME STREET ADDRESS	HILGEMANN, WILLIAM A. BALSAM ROAD		NAM Stre	ET ADDRESS						
CITY-ST-ZIP	STRATFORD WI			-ST-ZIP						
,TITLE.	V	☐ Delete	TITLE	E				☐ Change	☐ Addition	
NAME	FRODL, NANCY J.	•	MAM	E		N ,				
STREET ADDRESS	HIGHWAY 153 EAST			ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	STRATFORD WI		∸					☐ Change		
TITLE NAME	LINZMEIER, GLENN R.	☐ Delete	TITLE NAM					☐ Change	☐ Addition	
STREET ADDRESS	11757 SUNSET DRIVE		STRE	ET ADDRESS						
CITY-ST-ZIP	MARSHFIELD WI		CITY	-ST-ZIP						
TITLE	V CELIDAE BOINNIN	☐ Delete	TITLE	ſ				☐ Change	☐ Addition	
NAME STREET ADDRESS	GEHRKE, BRIAN K 410 N AUBURN AVE		NAMI STRE	E ET ADDRESS						
CITY-ST-ZIP	MARSHFIELD WI			-ST-ZIP						
TITLE		☐ Delete	TITLE	T				Change	Addition	
NAME			NAM	50 Jo	hn A	Hermeier				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS 4	041	.Hermeler Sturn Rd Gord WI 5448				
	certify that the information supplied with t	this filing does not gualify for		motion stated in	routs	110 07/3/6) Florido Statutos 1	y -	tifu that the !	information	
indicated	I on this report or supplemental report is t	true and accurate and that	my signat	ture shall have th	he same !	legal effect as if made under or	ath; that I a	ım an officer	r or director	
changed	rporation or the receiver or trustee empor l, or on an attachment with an address, w	ith all other like empowered	i as requii 3.	ed by Chapter (our, Hori	ua sialutes; and that my name	appears in	i ⊅ЮСК 11 0:	FIDIOCK 12 II	
010114-	TIBE MANUANTA	oll Nance	J.	E - 1		./-1	^	71F 10.~		
SIGNAL	URE: MONTH AND TYPED OR PR	INTED NAME OF SIGNING OFFICE	OR DIRECT	OR OCY]		//3/01	Da	ל ל כין bX'/	4352	
	V V									

DOC# P21653
B0008153

A & B PROCESS SYSTEMS CORP Stratford, WI 54484

Federal ID # 39-1216094 Document # P21653

12. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 11

ADD:

Title:

Vice President

Name

James P. Banks

Street

11884 Sunset Dr

City

Marshfield, Wi. 54449