

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23900** (4)

1. Corporation Name
JACOB LEINENKUGEL BREWING CO., INC.

Principal Place of Business Mailing Address
1-3 JEFFERSON AVENUE **1-3 JEFFERSON AVENUE**
CHIPPEWA FALLS WI 54729-1320 **CHIPPEWA FALLS WI 54729-1320**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **04/06/1994**
4. FEI Number **39-1604360** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
TITLE **CEO**
NAME **STRUP, RICHARD F.**
STREET ADDRESS **418 E MILLER DRIVE**
CITY, ST, ZIP **MEQUON WI**
TITLE **PTD**
NAME **LEINENKUGEL, THOMAS J.**
STREET ADDRESS **501 SUPERIOR ST.**
CITY, ST, ZIP **CHIPPEWA FALLS WI**
TITLE **S**
NAME **JONES, MICHAEL T.**
STREET ADDRESS **333 WEST CEDAR VALLEY DR**
CITY, ST, ZIP **DALAFIELD WI**
TITLE **CEO**
NAME **STRUP, RICHARD F.**
STREET ADDRESS **418 EAST MILLER DR**
CITY, ST, ZIP **MEQUON WI**
TITLE **PT**
NAME **LEINENKUGEL, THOMAS J.**
STREET ADDRESS **501 SUPERIOR ST**
CITY, ST, ZIP **CHIPPEWA FALLS WI**
TITLE **D**
NAME **MACDONOUGH, JOHN M**
STREET ADDRESS **6208 N BRUMBER RD**
CITY, ST, ZIP **CHENEQUA WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **Chairman & Director** Change Addition
1.2 NAME **Amboian, John P.**
1.3 STREET ADDRESS **2515 The Strand**
1.4 CITY-ST-ZIP **Northbrook, IL 60062**
2.1 TITLE **Vice President** Change Addition
2.2 NAME **Schmus, William G.**
2.3 STREET ADDRESS **19755 Killarney Way**
2.4 CITY-ST-ZIP **Brookfield, WI 53045**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **Delafield**
3.4 CITY-ST-ZIP
4.1 TITLE **DUPLICATED** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **DUPLICATED** Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS **7755 North River Road**
6.4 CITY-ST-ZIP **River Hills, WI 53217**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, 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.

SIGNATURE:

Michael T. Jones
Secretary

1/20/95 414/931-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #