FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:33

DOCUMENT # **P25099** **(3)**

1. Corporation Name
HUMMEL COMPANIES, INC.

Principal Place of Business	Mailing Address
1555 N. RIVERCENTER DRIVE P. O. BOX 12950 MILWAUKEE WI 53212-7950	1555 N. RIVERCENTER DRIVE P. O. BOX 12950 MILWAUKEE WI 53212-7950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 39-1632417	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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT E SR
4000 HOLLYWOOD BLVD
STE 625 SOUTH
HOLLYWOOD FL 33021

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CEO/P/D	☒ Change ☐ Addition
NAME	LAUB, RAYMOND H	12 NAME	Laub, Raymond H.	
STREET ADDRESS	1555 N RIVERCTR DR STE 203	13 STREET ADDRESS	1555 N RiverCenter DR STE 203	
CITY-ST-ZIP	MILWAUKEE WI	14 CITY-ST-ZIP	Milwaukee, WI 53212- 7950	
TITLE	VF	21 TITLE	CFO/T	☒ Change ☐ Addition
NAME	CAPUDER, MICHAEL A	22 NAME	Loomis, David J.	
STREET ADDRESS	1555 N RIVERCTR DR STE 203	23 STREET ADDRESS	1555 N. RiverCenter Dr. STE.203	
CITY-ST-ZIP	MILWAUKEE WI	24 CITY-ST-ZIP	Milwaukee, WI. 53212-7950	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	VOORHORST, NORMA	32 NAME		
STREET ADDRESS	1555 N. RIVERCENTER DR	33 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	34 CITY-ST-ZIP		
TITLE	CD	41 TITLE	D	☒ Change ☐ Addition
NAME	STEVOFF, GEORGE	42 NAME	Stevoff, George	
STREET ADDRESS	1555 RIVERCTR DR STE 203	43 STREET ADDRESS	1555 N. RiverCenter Dr. Ste 203	
CITY-ST-ZIP	MILWAUKEE WI	44 CITY-ST-ZIP	Milwaukee, WI. 53212-7950	
TITLE	COOV	51 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT E S	52 NAME		
STREET ADDRESS	4000 HOLLYWOOD BLVD STE 625 SO	53 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Norma J. Voorhorst Norma J. Voorhorst 5/17/95 414-271-4292
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0480181 FP