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

APPROVED AND FILED

95 MAY -1 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26150** **(3)**

1. Corporation Name

RBP CHEMICAL CORPORATION

Principal Place of Business	Mailing Address
150 SOUTH 118TH STREET PO BOX 14069 MILWAUKEE WI 53214-0069 US	150 SOUTH 118TH STREET PO BOX 14069 MILWAUKEE WI 53214-0069 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/21/1989**

3a. Date of Last Report: **05/01/1994**

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 County: 25	Zip: 29 County: 30

4. FEI Number: **39-0866582** ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KANNENBERG, MARK E.	12 NAME	
STREET ADDRESS	6364 N. BERKELEY	13 STREET ADDRESS	
CITY-ST-ZIP	WHITEFISH BAY WI	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WOODWARD, JAMES A.	22 NAME	
STREET ADDRESS	4003 PINE HILL BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	RACINE WI	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BEUTNER, GRANT C.	32 NAME	
STREET ADDRESS	9605 N. JUNIPER CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BROWNING, MARTIN R.	42 NAME	
STREET ADDRESS	338-1 RIVERVIEW DR.	43 STREET ADDRESS	
CITY-ST-ZIP	DELAFIELD WI	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WALKER, JOHN C.	52 NAME	
STREET ADDRESS	2237 EDGEWOOD DR	53 STREET ADDRESS	
CITY-ST-ZIP	GRAFTON WI	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KREBS, MARTIN J.	62 NAME	
STREET ADDRESS	8116 MILWAUKEE AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI	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: James A. Woodward **James A. Woodward** **4/24/95** **(414)258-0911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490100 FP