

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90079 009 ***150.00

DOCUMENT # P26150

1. Corporation Name

RBP CHEMICAL CORPORATION

Principal Place of Business

150 SOUTH 118TH STREET
PO BOX 14069
MILWAUKEE WI 53214-0069
US

Mailing Address

150 SOUTH 118TH STREET
PO BOX 14069
MILWAUKEE WI 53214-0069
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/21/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAUCH, ROGER
1108 BARCELONA DRIVE
KISSIMEE FL 34741

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

TITLE ☐ DELETE

NAME PD
KANNENBERG, MARK E.
STREET ADDRESS 6364 N. BERKELEY
CITY-ST-ZIP WHITEFISH BAY WI

TITLE ☐ DELETE

NAME D
WOODWARD, JAMES A.
STREET ADDRESS 4003 PINE HILL BLVD.
CITY-ST-ZIP RACINE WI

TITLE ☐ DELETE

NAME D
BEUTNER, GRANT C.
STREET ADDRESS 9605 N. JUNIPER CIRCLE
CITY-ST-ZIP MEQUON WI

TITLE ☐ DELETE

NAME D
WALKER, JOHN C.
STREET ADDRESS 2237 EDGEWOOD DR
CITY-ST-ZIP GRAFTON WI

TITLE ☐ DELETE

NAME D
KREBS, MARTIN J.
STREET ADDRESS 8116 MILWAUKEE AVE.
CITY-ST-ZIP WAUWATOSA WI

TITLE ☐ DELETE

NAME ST
NOWAK, PAUL B
STREET ADDRESS 3994 S WOODHILL LANE
CITY-ST-ZIP NEW BERLIN WI 53151

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VP-MFG (V)
GREG ZIELINSKI
1.3 STREET ADDRESS 150 S. 118TH ST.
1.4 CITY-ST-ZIP MILWAUKEE, WI 53214-0069

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)