

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90026 031 ***150.00

DOCUMENT # P26150

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-0866582**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAUCH, ROGER
 1108 BARCELONA DRIVE
 KISSIMEE FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5:00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KANNENBERG, MARK E.	
STREET ADDRESS	6364 N. BERKELEY	
CITY-ST-ZIP	WHITEFISH BAY WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, JAMES A.	
STREET ADDRESS	4003 PINE HILL BLVD.	
CITY-ST-ZIP	RACINE WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEUTNER, GRANT C.	
STREET ADDRESS	9605 N. JUNIPER CIRCLE	
CITY-ST-ZIP	MEQUON WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, JOHN C.	
STREET ADDRESS	2237 EDGEWOOD DR.	
CITY-ST-ZIP	GRAFTON WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREBS, MARTIN J.	
STREET ADDRESS	8116 MILWAUKEE AVE.	
CITY-ST-ZIP	WAUWATOSA WI	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NOWAK, PAUL B	
STREET ADDRESS	3994 S WOODHILL LANE	
CITY-ST-ZIP	NEW BERLIN WI 53151	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG ZIELINSKI	
STREET ADDRESS	7913 W. MANITOWA	
CITY-ST-ZIP	MILWAUKEE, WI 53219	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KRAFT	
STREET ADDRESS	320 E. BUFFALO ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul B. Nowak, CEO/SECRETARY/TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL B. NOWAK

1/3/01

Date

414-258-0911

Daytime Phone #

CR2E034 (10/00)