FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P27947** **(1)**

1. Corporation Name

~~AZCO HENNES INC.~~ AZCO INC.
name change filed 12-26-95

Principal Place of Business

2150 HOLLY ROAD
P.O. BOX 567
APPLETON WI 54912

Mailing Address

2150 HOLLY ROAD
P.O. BOX 567
APPLETON WI 54912

3. Date Incorporated or Qualified: 01/31/1990

3a. Date of Last Report: 01/25/1995

4. FEI Number: 39-0789900 — 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
21
22 State, Agt. # (if...)
23 City & State
24 Zip — 25 Country

2a. Mailing Address
26
27 State, Agt. # (if...)
28 City & State
29 Zip — 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name 400001725154 -02/27/96--01075--010 ***200.00

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

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 617.1505, 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

12. OFFICERS AND/OR DIRECTORS

TITLE	TD	☐ DELETE
NAME	BARLOW, F. JOHN	
STREET ADDRESS	178 RIVER DRIVE	
CITY-ST-ZIP	APPLETON WI	
TITLE	PD	☐ DELETE
NAME	TOPPAN, BRUCE W.	
STREET ADDRESS	1059 BRIGHTON DR	
CITY-ST-ZIP	MENASHA WI	
TITLE	VSD	☐ DELETE
NAME	LOPER, MARK W.	
STREET ADDRESS	1314 E FOREST AVE	
CITY-ST-ZIP	NEENAH WI	
TITLE	D	☐ DELETE
NAME	STREY, FRED C.	
STREET ADDRESS	1701 W. GLENDALE AVE	
CITY-ST-ZIP	APPLETON WI	
TITLE	VD	☐ DELETE
NAME	HELEIN, ROBERT T.	
STREET ADDRESS	1832 LAKESHORE DRIVE	
CITY-ST-ZIP	MENASHA WI	
TITLE	V	☒ DELETE
NAME	KLINGENBERGER, TERRY L	
STREET ADDRESS	127 5TH STREET	
CITY-ST-ZIP	NEENAH WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Zip: 54915	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Zip: 54952	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Zip: 54955	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Zip: 54911	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Zip: 54952	
TITLE	Chief Financial Officer	☐ Change ☒ Addition
NAME	Turriff, Thomas N.	
STREET ADDRESS	1460 Barbara Lane	
CITY-ST-ZIP	DePere, WI 54115	

12 2.27

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, complete 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: Mark W. Loper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark W. Loper, Senior VP/Secretary

~~2-16-96~~ Date

414-734-5791 Daytime Phone #