

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 # P28262 (4)

1. Corporation Name

A-C COMPRESSOR CORPORATION

Principal Place of Business

401 E. SOUTH ISLAND ST.  
APPLETON WI 54915  
US

Mailing Address

401 E. SOUTH ISLAND ST.  
APPLETON WI 54915  
US



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/26/1990	03/28/1995
4. FEI Number	Applied For
39-1507849	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	pd
NAME	BELL, THOMAS E	1.2 NAME	Bell, Thomas E.
STREET ADDRESS	2607 GRANDVIEW BLVD, STE 105	1.3 STREET ADDRESS	401 East South Island Street
CITY-ST-ZIP	WAUKESHA WI	1.4 CITY-ST-ZIP	Appleton, WI 54915
TITLE	PD	2.1 TITLE	V
NAME	STEFFEN, P. W	2.2 NAME	Suesser, Alfred
STREET ADDRESS	401 E. SOUTH ISLAND ST.	2.3 STREET ADDRESS	280 Park Avenue, Floor 38-W
CITY-ST-ZIP	APPLETON WI	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	V	3.1 TITLE	V
NAME	MARTIN, D. R.	3.2 NAME	Kuhbach, Robert G.
STREET ADDRESS	401 E. SOUTH ISLAND ST.	3.3 STREET ADDRESS	280 Park Avenue, Floor 38-W
CITY-ST-ZIP	APPLETON WI	3.4 CITY-ST-ZIP	New York, NY 10017
TITLE	V	4.1 TITLE	V
NAME	JOHNSON, C. R	4.2 NAME	Weis, Thomas B.
STREET ADDRESS	401 E SOUTH ISLAND ST.	4.3 STREET ADDRESS	401 East South Island Street
CITY-ST-ZIP	APPLETON WI	4.4 CITY-ST-ZIP	Appleton, WI 54915
TITLE	VD	5.1 TITLE	
NAME	YOCHUM, JERRY W	5.2 NAME	
STREET ADDRESS	2607 GRANDVIEW BLVD, STE 105	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKESHA WI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	PARKER, HENRY L	6.2 NAME	
STREET ADDRESS	401 EAST SOUTH ISLAND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	APPLETON WI	6.4 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)(k), 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:

Thomas B. Weis

Thomas B. Weis

414-738-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)