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FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

39-1507849

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 **PD** ☐ DELETE
NAME **BELL, THOMAS E**
STREET ADDRESS **401 EAST SOUTH ISLAND STREET**
CITY-ST-ZIP **APPLETON WI**

TITLE **V** ☐ DELETE
NAME **SUESSER, ALFRED**
STREET ADDRESS **280 PARK AVENUE FLOOR 38-W**
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ DELETE
NAME **KUHBACH, ROBERT G**
STREET ADDRESS **280 PARK AVENUE FLOOR 38-W**
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☒ DELETE
NAME **JOHNSON, C. R**
STREET ADDRESS **401 E SOUTH ISLAND ST.**
CITY-ST-ZIP **APPLETON WI**

TITLE **VD** ☐ DELETE
NAME **YOCHUM, JERRY W**
STREET ADDRESS **2807 GRANDVIEW BLVD, STE 105**
CITY-ST-ZIP **WAUKESHA WI**

TITLE **V** ☐ DELETE
NAME **WEIS, THOMAS B**
STREET ADDRESS **401 E. SOUTH ISLAND ST**
CITY-ST-ZIP **APPLETON WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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.

SIGNATURE: **X Thomas B. Weis** **Thomas B. Weis** **2/27/98** **920-738-3396**

CP2E034 (1097)