

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**  
 02-08-2000 90041 034 \*\*\*150.00

**DOCUMENT # P28262**

1. Entity Name

**A-C COMPRESSOR CORPORATION**

Principal Place of Business

Mailing Address

**401 E. SOUTH ISLAND ST.  
 APPLETON WI 54915  
 US**

**401 E. SOUTH ISLAND ST.  
 APPLETON WI 54915-1766  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1507849**

Applied For

Not Applicable

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

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

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, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WALKER, GREG E.</b>	
STREET ADDRESS	<b>401 EAST SOUTH ISLAND STREET</b>	
CITY-ST-ZIP	<b>APPLETON WI</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>SUESSER, ALFRED</b>	
STREET ADDRESS	<b>280 PARK AVENUE FLOOR 38-W</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>KUHBACH, ROBERT G</b>	
STREET ADDRESS	<b>280 PARK AVENUE FLOOR 38-W</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>YUCHUM, JERRY W</b>	
STREET ADDRESS	<b>2607 GRANDVIEW BLVD, STE 105</b>	
CITY-ST-ZIP	<b>WAUKESHA WI</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>WEIS, THOMAS B</b>	
STREET ADDRESS	<b>401 E. SOUTH ISLAND ST</b>	
CITY-ST-ZIP	<b>APPLETON WI</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	<b>WALKER, GARY E.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>GEORGE F. MYSEKOLE</b>	
STREET ADDRESS	<b>280 PARK AVENUE FLOOR 38-W</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **THOMAS B WEIS** **31 JAN 2000 920-738-3396**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #