2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # P28262 Secretary of State** A-C COMPRESSOR CORPORATION 03-12-2001 90435 050 ***150.00 Principal Place of Business Mailing Address 401 E. SOUTH ISLAND ST. 401 E. SOUTH ISLAND ST. APPLETON WI 54915 APPLETON WI 54915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 39-1507849 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00~ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 12 TITLE TITLE Delete thomas Bell Addition WALKER, GARY E NAME 401 & South Island Street 401 EAST SOUTH ISLAND STREET ... STREET ADDRESS STREET ADDRESS CR2E034 Appleton, WI 54915 CITY-ST-ZIP APPLETON WI CITY-ST-7IP IIILE Delete Change TITLE ■ Addition MYSEROLE, GEORGE F ASSISTANT NAME NAME 280 PARK AVENUE FLOOR 38-W STREET ADDRESS STREET ADDRESS NEW YORK NY CITY-ST-2IP CITY:ST:ZIP TITLE Delete ☐ Addition Change Vice President KUHBACH, ROBERT G NAME NAME STREET ADORES 280 PARK-AVENUE FLOOR 38-W STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition YOCHUM, JERRY W NAME NAME (Wair man) STREET ADDRESS 2607 GRANDVIEW BLVD, STE 105 STREET ADORESS CITY-ST- 7P WAUKESHA WI CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition WEIS, THOMAS B NAME Vine President NAME STREET ADDRESS 401 E. SOUTH ISLAND ST STREET ADDRESS CITY-ST-ZIP APPLETON WI CITY-ST-ZIP TITLE Oeleta Change -NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i). Fiorida 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 in changed, or on an attachment with an address, with all other like empowered.

homas

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