

P40595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

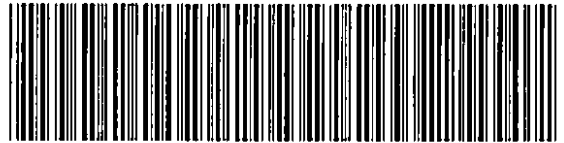
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2024 JAN 10 PM 3:00

SECRETARY OF STATE
FILING CLERK

Amend

FEB 06 2024

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mule-Hide Products Co., Inc.

Name of Corporation

DOCUMENT NUMBER: P40595

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristine Gerbitz

Name of Contact Person

Mule-Hide Products Co., Inc.

Firm/Company

One ABC Parkway

Address

Beloit, WI 53511

City/State and Zip Code

salestaxsupport@abcsupply.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine Gerbitz

Name of Contact Person

at (608) 368-2245

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JAN 10 PM 3:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P40595

(Document number of corporation (if known))

1. Mule-Hide Products Co., Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Texas

(Incorporated under laws of)

3. 09/22/1992

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

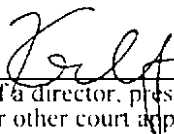
Signature of New Registered Agent, if changing

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2024 JAN 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (-4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Please See Attached Updated Officer List			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kristine Gerbitz

(Typed or printed name of person signing)

Assistant Treasurer

(Title of person signing)

FILING FEE \$35.00

"The name trusted in roofing since 1906"



Mule-Hide Products Co., Inc.

1195 Prince Hall Drive

Beloit, WI 53511

Ph (608) 368-2245

Fax (608) 363-0245

Officers:	Title:
President	Michael Jost One ABC Parkway Beloit, WI 53511
CFO/Treasurer	Jim Anderson One ABC Parkway Beloit, WI 53511
Secretary	Karl W. Leo One ABC Parkway Beloit, WI 53511
Assistant Secretary	Tyler Williams One ABC Parkway Beloit, WI 53511
Assistant Treasurer	Kristine Gerbitz One ABC Parkway Beloit, WI 53511

Directors:

Diane Hendricks

Keith Rozolis

Todd Buehl



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MULE-HIDE PRODUCTS CO., INC. (file number 77976000), a Domestic For-Profit Corporation, was filed in this office on December 27, 1985.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 02, 2024.



A handwritten signature in cursive script that reads "Jane Nelson".

Jane Nelson
Secretary of State