2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P93000028334

Entity Name: TWIN DISC SOUTHEAST, INC.

Current Principal Place of Business:

11700 NW 101 RD.
SUITE 19
MIAMI, FL 33178

New Principal Place of Business:

8226 PHILLIPS HIGHWAY
BUILDING 100, SUITE 5
JACKSONVILLE, FL 32256

Current Mailing Address:

11700 NW 101 RD.
SUITE 19
MIAMI, FL 33178

New Mailing Address:

8226 PHILLIPS HIGHWAY
BUILDING 100, SUITE 5
JACKSONVILLE, FL 32256

FEI Number: 65-0402694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BATTEN, M. E
Address: 1328 RACINE ST.
City-St-Zip: RACINE, WI

Title: PD ( ) Delete
Name: JOYCE, M . H
Address: 1328 RACINE ST.
City-St-Zip: RACINE, WI

Title: D ( ) Delete
Name: FABRY, H C
Address: 1328 RACINE STREET
City-St-Zip: RACINE, WI

Title: SD ( ) Delete
Name: TIMM, F.H.
Address: 1328 RACINE ST.
City-St-Zip: RACINE, WI 53403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMM, F.H. SD 04/26/2004

Electronic Signature of Signing Officer or Director — Date