

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005337

**Entity Name:** INDUSTRIES FOR THE BLIND, INC.**Current Principal Place of Business:**445 S. CURTIS RD  
WEST ALLIS, WI 53214**Current Mailing Address:**445 S. CURTIS RD  
WEST ALLIS, WI 53214**FEI Number:** 39-0840476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	P
Name	LANGE, CHARLES
Address	445 S. CURTIS RD
City-State-Zip:	WEST ALLIS WI 53214

Title	S
Name	NATZKE, DON
Address	445 S. CURTIS RD
City-State-Zip:	WEST ALLIS WI 53214

Title	T
Name	WALLS, KAREN
Address	445 S. CURTIS RD
City-State-Zip:	WEST ALLIS WI 53214

Title	C
Name	MALLATT, JAMES
Address	445 S. CURTIS RD
City-State-Zip:	WEST ALLIS WI 53214

Title	BDFD
Name	FULLINGTON, RICHARD
Address	5150 N. PORT WASHINGTON RD
City-State-Zip:	MILWAUKEE WI 53217

Title	BDFD
Name	HAAS, PAUL
Address	3700 S. 104TH STREET
City-State-Zip:	GREENFIELD WI 53217

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN WALLS**TREASURER****04/22/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date