

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000092956

1. Entity Name
PENDA ROO HOLDING CORPORATION

FILED
01 OCT 17 PM 6:54

SECRETARY OF STATE
TALLHASSEE FLORIDA



Principal Place of Business
C/O TRIVEST. INC. *Penda Corporation*
2665 S. BAYSHORE DRIVE, STE 800
MIAMI FL 33133-5401

Mailing Address
C/O TRIVEST. INC. *Penda Corporation*
2665 S. BAYSHORE DRIVE, STE 800
MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2344 W. Wisconsin St

3. Mailing Address
2344 W. Wisconsin St

Suite, Apt. #, etc.
P.O. Box 449

Suite, Apt. #, etc.
P.O. Box 449

City & State
Portage, WI

City & State
Portage, WI

4. FEI Number **39-1808928**

Applied For
 Applied For
 Not Applicable

Zip **53901** Country

Zip **53901** Country

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 HAYS STREET
TALLHASSEE 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 *Lana E. Dwyer* DATE **10/17/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPD THOMPSON, JACK L 2344 W WISCONSIN STREET PORTAGE WI 53901 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WNER, LEO E 2344 W WISCONSIN STREET PORTAGE WI 53901 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS KUFFNER, MARILYN D. 2665 S BAYSHORE DR STE 800 MIAMI FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COBD POWELL, EARL W 2665 S. BAYSHORE DR. MIAMI FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500004640465--8 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President, Secretary & General Counsel Samuel Mostkoff 2344 W. Wisconsin St Portage, WI 53901 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lana E. Dwyer* DATE: **10/16/01** PHONE: **(608) 242-5301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)



October 16, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report for Penda Roo Holding Corporation (FEI # 39-1808928)

Dear Sir or Madam:

Attached is our 2001 Uniform Business Report (UBR), including a payment of \$158.75 (annual fee and certificate of status), in which we were remiss in filing by the June 8, 2001, deadline and also the 60 days notice by September 12, 2001.

The reason for the delinquent filing is because we were sold in the end of April 2000 and this report was filed by our previous owners, Trivest, Inc., Miami, FL., who did not forward either the original report or the 60 days notice report to us. It just so happens that a law firm was checking on our certification of corporation and found out that we were administratively dissolved on September 21, 2001.

Therefore, based on the above explanation, we ask that you pardon us from reinstatement fees and place us back in good standings with the State of Florida. You have our commitment going forward that all UBR's will be properly filed and the appropriate fees paid.

Thank you for your understanding and consideration on this matter.

Sincerely;

A handwritten signature in black ink, appearing to read 'D. Candelmo', is written over the word 'Sincerely;'.

David P. Candelmo
Penda Corporation
Director of Finance & Treasury

enclosure: 2001 Uniform Business Report for Penda Roo Holding Corporation
All fees being paid by Registered Agent- Corporation Service Company

PENDA CORPORATION

2344 W. Wisconsin St., P.O. Box 449, Portage, WI 53901-0449 (608) 742-5301

Page 2 of 3



ACCOUNT NO. : 072100000032
 REFERENCE : 030711 4730546
 AUTHORIZATION : *Patricia Pizute*
 COST LIMIT : \$ 158.75

ORDER DATE : October 17, 2001
 ORDER TIME : 2:34 PM
 ORDER NO. : 030711-015
 CUSTOMER NO: 4730546
 CUSTOMER: Mr. David Candelmo
 Penda Corporation
 2344 West Wisconsin Street
 P.O. Box 449
 Portage, WI 53901-0449

RECEIVED
 01 OCT 17 PM 4:05
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PENDA ROO HOLDING CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

NOTE: PLEASE SEE CLIENT LETTER ATTACHED

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____