

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State


05-03-2000 90040 035 ***150.00

DOCUMENT # 668562

1. Entity Name
TRI-DANFORTH APARTMENTS, INC.

Principal Place of Business 710 N PLANKINTON AVE MILWAUKEE WI 53203-2404	Mailing Address 710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1397703	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	V BRAUN, ROBERT E 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGCHERS, ARTHUR W., JR. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORRIS, JAMES D 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANZ, JAMES F. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANDLICH, JOHN R 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D STEIN, GERALD M. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHEVALIER, STEPHAN J 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S YOUNG, JAMES B. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DELISLE, SANDRA J 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNETT, BRENDA C. 1600 N. ATLANTIC AVENUE, #201 COCOA BEACH, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MADIGAN, MARK S 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBER, JOSEPH J. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" 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: Mark S. Madigan 1-14-00 (414) 274-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark S. Madigan, Assistant Secretary

CR2E034 (9/99)