

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90130 036 \*\*\*150.00

**DOCUMENT # 668562**  
 1. Entity Name  
**TRI-DANFORTH APARTMENTS, INC.**

Principal Place of Business <b>710 N PLANKINTON AVE          MILWAUKEE WI 53203-2404          US</b>	Mailing Address <b>710 N PLANKINTON AVE          MILWAUKEE WI 53203-2404          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>39-1397703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRAUN, ROBERT E</b> <b>710 N. PLANKINTON AVE.</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BORRIS, JAMES D</b> <b>710 N. PLANKINTON AVE.</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRANDLICH, JOHN R</b> <b>710 N. PLANKINTON AVE.</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>CHEVALIER, STEPHAN J</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>DELISLE, SANDRA J</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MADIGAN, MARK S</b> <b>710 N. PLANKINTON AVENUE</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIGCHERS, ARTHUR W., JR.</b> <b>710 N. PLANKINTON AVENUE, #1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JANZ, JAMES F.</b> <b>710 N. PLANKINTON AVENUE, #1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>STEIN, GERALD M.</b> <b>710 N. PLANKINTON AVENUE, #1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <b>YOUNG, JAMES B.</b> <b>710 N. PLANKINTON AVENUE, #1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZILBER, JOSEPH J.</b> <b>710 N. PLANKINTON AVENUE, #1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BENNETT, BRENDA C.</b> <b>1600 N. ATLANTIC AVENUE, #201</b> <b>COCOA BEACH, FL 32931</b> <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)(l), 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 Date: **1-12-01** (414) 274-2433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
**Mark S. Madigan, Assistant Secretary**

CP2E034 (10/00)