

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825176 (1)
1. Corporation Name
MARSHALL ERDMAN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
**5117 UNIVERSITY AVENUE
P O BOX 5249
MADISON WISCONSIN 53705**

APPROVED AND FILED
95 MAY -1 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **25** Country **28** Zip **30** Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **10/08/1970** 3a. Date of Last Report **04/29/1994**
4. FEI Number **39-0827105** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDMAN, TIMOTHY	1.2 NAME	
STREET ADDRESS	3308 TOPPING RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON, WI 0	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMBEL, ALAN	2.2 NAME	
STREET ADDRESS	2504 NINA CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLETON WI	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBAR, SHELDON	3.2 NAME	
STREET ADDRESS	8160 N GREEN BAY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MILWAUKEE, WI 0	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, DON	4.2 NAME	
STREET ADDRESS	7320 CEDAR CREEK TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON, WI 0	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMBEL, ALAN	5.2 NAME	
STREET ADDRESS	2504 NINA CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLETON WI	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, COLLINS	6.2 NAME	
STREET ADDRESS	222 W WASHINGTON	6.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON, WI 0	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan S. Hembel 4/25/95 608-238-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Inflow 1/28/95)