

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825176** (1)

1. Corporation Name  
**MARSHALL ERDMAN & ASSOCIATES, INC.**



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified <b>10/08/1970</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>39-0827105</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 office 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and firm if applicable. DATE: Registered Agent signature and date when registering.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P	ENDMAN, TIMOTHY	3306 TOPPING RD.	MADISON, WI 0	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
T	HEMBEL, ALAN	2504 NINA CT.	MIDDLETON WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	LUBAR, SHELDON	8160 N GREEN BAY RD	MILWAUKEE, WI 0	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
V	RICHARDS, DON	7320 CEDAR CREEK TRAIL	MADISON, WI 0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
S	HEMBEL, ALAN	2504 NINA CT.	MIDDLETON WI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	FERRIS, COLLINS	222 W WASHINGTON	MADISON, WI 0	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

*RON HALVERSON  
3314 WESTVIEW LANE  
MADISON WI 53714*

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 119.07(3)(k), Florida Statutes. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Hembel* - SEEN/TREAS 3/29/96 608-238-0211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)