

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jun 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 53705-0249**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/08/1970	04/09/1996
4. FEI Number	Applied For
39-0827105	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	<input type="checkbox"/> Yes <input type="checkbox"/> 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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 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 _____ (NOTE: Registered Agent signature required when reappointing) 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	HALVERSON, RON	4.2 NAME	
STREET ADDRESS	3314 WESTVIEW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (9/96)