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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 82517

(1)

MARSHALL ERDMAN & ASSOCIATES, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Plac 5117 UNIVER P O BOX 524 MADISON WI	SITY AVENUE	Mailing Address 5117 UNIVERSITY AVEN P O BOX 5249 MADISON WISCONSIN 5			DO NOT WRITE IN TH	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			10/08/1970 4. FEI Number	Applied For
21	idee of Bodiniees	26			39-0827105	Not Applicable
Suite, Apt.	Suite, Apt. #, etc Suite, Apt. #, etc.					\$8.75 Additional
22					6. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 26			······································		Trust Fund Contribution	Added to Fees
Zip	⊢ ¬ '	Country Zip Count		ry	8. This corporation owes or has paid the	
24	9 Name and Address of Curre	ni Registered Acent	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name						
1991 C DINE ICI AND DOAD						
PLANTATION FL 33324			8	82 Street Address (P.O. Box Number is Not Acceptable)		
1			В	3		
				<u> </u>		
			8	4 City	F	85 Zip Code
11, Pursuant office or r agent. I a	to the provisions of Sections 607 050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu 2 of Florida. Such change was pations of, Section 607.0505, Fl	tes, the abo authorized l orida Statut	ve-named corp by the corporat es.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag-	and and title demokratike AIO	TE. Danistered A		red when reinstating) DAT	
12.		ID DIRECTORS	13.	gent signature requir	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1,1 TITLE		ADDITIONS/OFFICE TO OFFICE TO	Change Addition
NAME			1.2 NAME	: [
STREET ADDRESS	ADDRESS 3308 TOPPING RD.		1.3 STRE	ET ADORESS		
CITY-ST-ZIP	MANCON MAC		1.4 CITY	ST-ZIP		[3
TITLE	7	DELETE 2.1 TI				Change Addition
NAME			2.2 NAME	: [1
STREET ADDRESS			23 STRE	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY	-\$T-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME	LUBAR, SHELDON		3.2 NAME	·		ļ.
STREET ADDRESS	8160 N GREEN BAY RD	3 3 ST		et address		
CITY-ST-ZIP	MILWAUKEE, WI 0		3.4. CITY			
TITLE	V HALVERSON, RON	☐ DELETÉ	4.1 TATLE	ì		Change Addition
NAME	3314 WESTVIEW LANE		4. 2 NAM	i		İ
STREET ADDRESS	MADISON WI			ET ADDRESS		
CITY-ST-ZIP	- C	T DELETE	4.4 CITY-	ST-ZIP		Change Addition
TITLE	HEMBEL, ALAN	☐ DELETE	5.1 THILE			Change Addition
NAME OTREET ADDRESS	2504 NINA CT.		5.2 NAME	ſ		j
STREET ADDRESS	MIDDLETON WI			ET ADORESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	5.4 CITY - 6.1 TITLE			☐ Change ☐ Addition
NAME	FERRIS, COLLINS		6.2 NAME	Į.		C oronge C requibit
' i	222 W WASHINGTON		4	T ADDRESS		
STREET ADDRESS	MADISON, WI 0	e ·				İ
CITY-ST-ZIP		with this filing does not qualify t	or the exem		Section 119 07(3)(i) Florida Statutes I further	certify that the information

4. 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 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 within address.

SIGNATURE:

and, or on an affactment with an address.

4/20/98

608-238-0211