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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000956 (0)

1. Corporation Name  
TRICOR DIRECT, INC.

Principal Place of Business  
6555 W GOOD HOPE RD  
MILWAUKEE WI 53233

Mailing Address  
6555 W GOOD HOPE RD  
MILWAUKEE WI 53223-4634



3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
4. FEI Number 62-1234223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 20 THOMPSON ROAD Suite, Apt. #, etc. 22 City & State 23 BRANFORD, CT Zip 24 06405 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 FL
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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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCV NAME HUDSON, KATHERINE M STREET ADDRESS 6555 W GOOD HOPE RD CITY - ST - ZIP MILWAUKEE WI 53233 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DCT NAME DELUCA, DONALD P STREET ADDRESS 6555 W GOOD HOPE RD CITY - ST - ZIP MILWAUKEE WI 53233 <input type="checkbox"/> DELETE	1.2 NAME	
TITLE	DS NAME LETTENBERGER, PETER J STREET ADDRESS 411 E WISCONSIN AVE CITY - ST - ZIP MILWAUKEE WI 53202 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE	P NAME FISK, RICHARD L STREET ADDRESS PO BOX 1331 CITY - ST - ZIP NEW HAVEN CT 06505 <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	VICE PRESIDENT & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	FRANK JAEHNERT
TITLE		2.3 STREET ADDRESS	6555 W. GOOD HOPE ROAD
TITLE		2.4 CITY - ST - ZIP	MILWAUKEE, WI 53233 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	20 Thompson Road
TITLE		4.4 CITY - ST - ZIP	Branford, CT 06405
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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: Thomas E. Scherer VICE PRESIDENT & CONTROLLER (414) 358-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)