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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H26301 (2)
1. Corporation Name
OLD RIVER ROAD, INC.

Principal Place of Business Mailing Address
**ATTN: MULDER, ALICIA
710 N. PLANKINTON AVENUE
MILWAUKEE WI 53203-2404** **ATTN: MULDER, ALICIA
710 N. PLANKINTON AVENUE
MILWAUKEE WI 53203-2404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/19/1984 **06/22/1994**
4. FEI Number Applied For
39-1500265 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **710 N. Plankinton Avenue** 26 **710 N. Plankinton Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 1200** 27 **Suite 1200**
City & State City & State
23 **Milwaukee, WI 53203-2404** 28 **Milwaukee, WI 53203-2404**
Zip Country Zip Country
24 **53203-2404** 25 **USA** 29 **53203-2404** 30 **USA**

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
FL

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

TITLE	D
NAME	ZILBER, JOSEPH J.
STREET ADDRESS	710 N. PLANKINTON AVENUE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	V
NAME	LAABS, SUSAN K
STREET ADDRESS	710 N. PLANKINTON AVENUE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	DV
NAME	STEIN, GERALD
STREET ADDRESS	710 N. PLANKINTON AVENUE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	P
NAME	BORRIS, JAMES D
STREET ADDRESS	710 N PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	V
NAME	WIGCHERS, ARTHUR W.
STREET ADDRESS	710 N. PLANKINTON AVENUE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	VS
NAME	YOUNG, JAMES B.
STREET ADDRESS	710 N. PLANKINTON AVENUE
CITY - ST - ZIP	MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT E. BRAUN	
1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
1.4 CITY - ST - ZIP	MILWAUKEE, WI	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHAN J. CHEVALIER	
2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
2.4 CITY - ST - ZIP	MILWAUKEE, WI	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK S. MADIGAN	
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
3.4 CITY - ST - ZIP	MILWAUKEE, WI	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Sections 199.032(3)(a), 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: Mark S. Madigan 1/16/95 (414) 274-2434
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Title Division/Section
Mark S. Madigan, Assistant Secretary