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**May 12 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 # H26301 (2)
1. Corporation Name
OLD RIVER ROAD, INC.



Principal Place of Business: **710 N PLANKINTO AVENUE SUITE 1200 MILWAUKEE WI 53203-2404 US**
Mailing Address: **710 N PLANKINTO AVENUE SUITE 1200 MILWAUKEE WI 53203-2411 US**

3. Date Incorporated or Qualified: **10/19/1984** 3a. Date of Last Report: **02/20/1996**
4. FEI Number: **39-1500265** Applied For: 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: Yes No

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

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: **FL** 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's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZILBER, JOSEPH J.	
STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAABS, SUSAN K	
STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STEIN, GERALD	
STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BORRIS, JAMES D	
STREET ADDRESS	710 N PLANKINTON AVE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WIGCHERS, ARTHUR W. J	
STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VS	<input type="checkbox"/> DELETE
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	BRAUN, ROBERT E.	
1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHEVALIER, STEPHAN J.	
2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MADIGAN, MARK S.	
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ZORDANI, JAN M.	
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Please change the <u>J.</u> to <u>Jr.</u>	
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 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: *Mark S. Madigan* Mark S. Madigan Assistant Secretary 1/9/97 (414) 274-2433

CR2E034 (9/96)