

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 53203-2404 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 710 K. Plankinton Avenue		2a. Mailing Address 26 710 N. Plankinton Avenue		3. Date Incorporated or Qualified 10/19/1984	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 39-1500265	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J.	1.2 NAME	BRAUN, ROBERT E.
STREET ADDRESS	710 N. PLANKINTON AVENUE	1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAABS, SUSAN K	2.2 NAME	GRANDLICH, JOHN R.
STREET ADDRESS	710 N. PLANKINTON AVENUE	2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, GERALD	3.2 NAME	CHEVLAIER, STEPHAN J.
STREET ADDRESS	710 N. PLANKINTON AVENUE	3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORRIS, JAMES D	4.2 NAME	DELISLE, SANDRA J.
STREET ADDRESS	710 N PLANKINTON AVE	4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W. JR.	5.2 NAME	MADIGAN, MARK S.
STREET ADDRESS	710 N. PLANKINTON AVENUE	5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES B.	6.2 NAME	
STREET ADDRESS	710 N. PLANKINTON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	

14. 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 with an address.

SIGNATURE: *Mark S. Madigan* **Mark S. Madigan**
Assistant Secretary 1/28/98 (414) 274-2433

CFR2E034 (10/97)