

2000 UNIFORM BUSINESS REPORT (UBR)

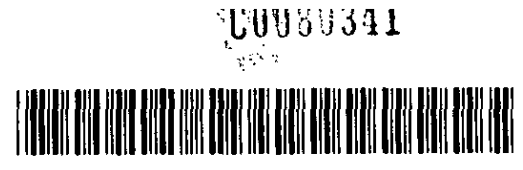
FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90142 033 ***150.00

DOCUMENT # H26301

1. Entity Name
OLD RIVER ROAD, INC.

Principal Place of Business N PLANKINTON AVE 1200 WI 53203-2404	Mailing Address 710 N PLANKINTON AVE SUITE 1200 MILWAUKEE WI 53203-2404 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 39-1500265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. 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. JR.	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, ROBERT E.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1000	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANDLICH, JOHN R.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, #1100	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEVALIER, STEPHAN J.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1200	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELISLE, SANDRA J.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1200	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADIGAN, MARK S.	
STREET ADDRESS	710 N. PALNKINTON AVENUE, SUITE #1200	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Madigan 1/14/00 (414) 274-2433
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Mark S. Madigan, Assistant Secretary

CR2E034 (9/99)