

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90130 027 \*\*\*150.00

**DOCUMENT # H26301**

1. Entity Name  
**OLD RIVER ROAD, INC.**

Principal Place of Business <b>710 N PLANKINTON AVE          SUITE 1200          MILWAUKEE WI 53203-2404          US</b>	Mailing Address <b>710 N PLANKINTON AVE          SUITE 1200          MILWAUKEE WI 53203-2404          US</b>
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00042240



DO NOT WRITE IN THIS SPACE

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   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZILBER, JOSEPH J.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LAABS, SUSAN K</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, GERALD</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BORRIS, JAMES D</b>	
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WIGCHERS, ARTHUR W. JR.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JAMES B.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAUN, ROBERT E.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, SUITE 1000</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRANDLICH, JOHN R.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, #1100</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHEVALIER, STEPHAN J.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, #1200</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DeLISLE, SANDRA J.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, #1200</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MADIGAN, MARK S.</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, #1200</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
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 1-12-01 (414) 274-2433  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Mark S. Madigan, Assistant Secretary**

CR2E034 (10/00)