
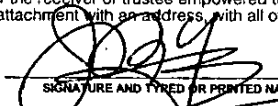


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90029 001 \*\*\*150.00

<b>DOCUMENT # P01000094603</b>					
1. Entity Name WHITLEY BAY WEST, INC.					
Principal Place of Business 1000 SHOREWOOD DRIVE SUITE 200 CAPE CANAVERAL, FL 32920		Mailing Address 710 N. PLANKINTON AVE., STE. 1200 MILWAUKEE, WI 53203			
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 <b>39-2038345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J		NAME	<b>SEE ATTACHED LIST FOR ADDITIONAL OFFICERS</b>	
STREET ADDRESS	710 N. PLANKINTON AVE., STE. 1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W JR		NAME		
STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JAMES B		NAME		
STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, JACK A		NAME		
STREET ADDRESS	1000 SHOREWOOD DRIVE, #200		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, KOHN		NAME		
STREET ADDRESS	1000 SHOREWOOD DRIVE, #200		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, BRENDA C		NAME		
STREET ADDRESS	1000 SHOREWOOD DRIVE, #200		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		James B. Young, Vice President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		02/06/06		414-274-2421	

40038250



02012006 Chg-P CR2E034 (11/05)

4. FEI Number 39-2038345 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

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

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

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SIGNATURE:  James B. Young, Vice President 02/06/06 414-274-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40038250

WHITLEY BAY WEST, INC.  
DOCUMENT #P01000094603

## Additional Directors/Officers:

V

BENNETT, MAATH A.  
1000 SHOREWOOD DRIVE, #200  
CAPE CANAVERAL, FL 32920V

V

BORRIS, JAMES D.  
710 N. PLANKINTON AVE., SUITE #1100  
MILWAUKEE, WI 53203

FV

BRAUN, ROBERT E.  
710 N. PLANKINTON AVE., SUITE 1000  
MILWAUKEE, WI 53203

V

GRANDLICH, JOHN R.  
710 N. PLANKINTON AVE., SUITE #1100  
MILWAUKEE, WI 53203

SRV

JANZ, JAMES F.  
710 N. PLANKINTON AVE., SUITE 1200  
MILWAUKEE, WI 53203

EV

STEIN, GERALD M.  
710 N. PLANKINTON AVE., SUITE #1200  
MILWAUKEE, WI 53203

T

CHEVALIER, STEPHAN J.  
710 N. PLANKINTON AVE., SUITE #1200  
MILWAUKEE, WI 53203

AS

DeLISLE, SANDRA J.  
710 N. PLANKINTON AVE., SUITE #1200  
MILWAUKEE, WI 53203

AS

MADIGAN, MARK S.  
710 N. PLANKINTON AVE., SUITE #1200  
MILWAUKEE, WI 53203