

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90015 005 \*\*\*150.00

**DOCUMENT # P02000113581**

1. Entity Name  
**CAPE MANAGEMENT, INC.**



Principal Place of Business  
**1000 SHOREWOOD DRIVE  
SUITE 200  
CAPE CANAVERAL, FL 32920**

Mailing Address  
**710 NORTH PLANKINTON AVENUE  
SUITE 1200  
MILWAUKEE, WI 53203**

**40048022**



01142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**48-1285259**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZILBER, JOSEPH J</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, SUITE 1200</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BORRIS, JAMES D</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, SUITE 1100</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ANDREWS, SANDY</b>	
STREET ADDRESS	<b>1000 SHOREWOOD DRIVE, # 200</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 32920</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GRANDLICH, JOHN R</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, SUITE 1100</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JANZ, JAMES F</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, SUITE 1200</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	
TITLE	<b>V/S</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JAMES B</b>	
STREET ADDRESS	<b>710 N. PLANKINTON AVENUE, SUITE 1200</b>	
CITY-ST-ZIP	<b>MILWAUKEE, WI 53203</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED LIST FOR ADDITIONAL OFFICERS</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Change title from V to SRV</b>
STREET ADDRESS	<b>for Senior Vice President</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 employment.

**SIGNATURE:**

*(Signature)*

**James B. Young, Vice President 01/23/2008 414/274-2421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40048022

#P02000113581

CAPE MANAGEMENT, INC.  
DOCUMENT # P02000113581

Additional Officers:

V

DONALD P. BRICKER  
1000 SHOREWOOD DRIVE, SUITE 200  
CAPE CANAVERAL, FL 32920

FV

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

V/AS

JARMUSZ, ANDREW P.  
1000 SHOREWOOD DRIVE, #200  
CAPE CANAVERAL, FL 32920

V

WIGCHERS, ARTHUR W.  
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