


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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90031 040 \*\*\*150.00

0627402

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P93000005531**

1. Corporation Name  
**Z.R.W. CORPORATION**



Principal Place of Business 710 N PLANKINTON 12TH FLOOR MILWAUKEE WI 53203	Mailing Address 710 N PLANKINTON 12TH FLOOR MILWAUKEE WI 53203
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/25/1993</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>39-1753819</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZILBER, JOSEPH J</b>	1.2 NAME	<b>SEE ATTACHED LIST FOR ADDITIONAL OFFICERS</b>
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI 53203</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGCHERS, ARTHUR W. JR.</b>	2.2 NAME	
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, GERALD</b>	3.2 NAME	
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANZ, JAMES F</b>	4.2 NAME	
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, JAMES B</b>	5.2 NAME	
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORRIS, JAMES D</b>	6.2 NAME	
STREET ADDRESS	<b>710 N PLANKINTON AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	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, with all other like empowered.

SIGNATURE: Mark S. Madigan **REQUIRED** Mark S. Madigan Assistant Secretary 1/18/99 (414) 274-2433

CRZE034 (11/98)

Z.R.W. CORPORATION, INC.  
DOCUMENT NO. P98000079166

544872-90031-40  
#P93000005531

OFFICERS:

V  
BRAUN, ROBERT E.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V  
GRANDLICH, JOHN R.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V  
LABBS, SUSAN K.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

T  
CHEVALIER, STEPHAN J.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

AS  
BENNETT, BRENDA  
3000 N. ATLANTIC AVENUE, #205  
COCOA BEACH, FL 32931

AS  
DELISLE, SANDRA J.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

AS  
MADIGAN, MARK S.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203