2000 UNIFORM BUSINESS REPORT (UBR)

0203955

DOCUMENT # P94000007390

1. Entity Name

PENDA CORPORATION

FILED

00 FEB 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2344 W WISCONSIN ST PORTAGE WI 33183	2655 S. BAYSHORE DR. SUITE 800 MIAMI FL 33133-5446

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 65-0463658 ☐ 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
~~KLEIN, PETER W.~~ 2665 S BAYSHORE DR SUITE 800 MIAMI FL 33133	Name: Maria C. Callejas Street Address (P.O. Box Number is Not Acceptable): 200005170222--6 03/14/00 01132 014 ****150.00 ****150.00 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: Maria C Callejas 1/6/00
Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMSON, DAVID S 209 S LASALLE ST STE 114 CHICAGO IL 60604-1295	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/AS/GC Samuel Moskkoff 2344 W. Wisconsin St. Portage, WI	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLEIN, PETER W. 2665 S BAYSHORE DR 8TH FLOOR MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-O Scot D. Harvey 2344 W. Wisconsin St. Portage WI	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP THOMPSON, JACK L 2344 W WISONSIN STREET PORTAGE WI 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/CFO Leo E. Waner 2344 W. Wisconsin St. Portage, WI	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, PHILLIP T MD 2665 S. BARSHORE DR. STE. 800 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Marilyn D. Kuffner 2665 S. Bayshore Dr., 8th FL Miami FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, THOMAS J 4365 STEINER STREET ST BONIFACIUS MN 55356	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, EARL W 2665 S. BARSHORE DR. STE. 800 MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/COB Earl W. Powell	☑ Change ☐ Addition

CR2E034 (9/99)

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: [illegible] 1-17-00 305-858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #