

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90142 032 \*\*\*150.00

**DOCUMENT # P95000028228**

1. Entity Name  
**SHOREWOOD OF CAPE CANAVERAL, INC.**

Principal Place of Business <b>N. PLANKINTON AVE.          1200          WI 53203</b>	Mailing Address <b>710 N. PLANKINTON AVE.          SUITE 1200          MILWAUKEE WI 53203-2404</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number <b>39-1817298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ZILBER, JOSEPH J</b>
STREET ADDRESS	<b>710 N. PLANKINTON AVE.</b>
CITY-ST-ZIP	<b>MILWAUKEE WI 53203</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WIGCHERS, ARTHUR W. JR.</b>
STREET ADDRESS	<b>710 N PLANKINTON AVE, #1200</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>JANZ, JAMES F.</b>
STREET ADDRESS	<b>710 N. PLANKINTON AVE, #1200</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>STEIN, GERALD</b>
STREET ADDRESS	<b>710 N. PLANKINTON AVE, #1200</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BORRIS, JAMES D.</b>
STREET ADDRESS	<b>710 N PLANKINTON AVE, #1200</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BRAUN, ROBERT E</b>
STREET ADDRESS	<b>710 N PLANKINTON AVE, #1200</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLEASE SEE ATTACHED 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>The SUITE # only cahnges for</b>
STREET ADDRESS	<b>James D. Borris:</b>
CITY-ST-ZIP	<b>SUITE #1100</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Only the SUITE # changes for</b>
STREET ADDRESS	<b>Robert E. Braun:</b>
CITY-ST-ZIP	<b>SUITE #1000</b>

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 1-14-00 414-274-2433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SHOREWOOD OF CAPE CANAVERAL, INC.  
DOCUMENT # P95000028228

Attachment  
C0080342  
# P95000028228

Additional Officers:

V/AS  
BENNETT, BRENDA C.  
1600 N. ATLANTIC AVENUE, #201  
COCOA BEACH, FL 32931

V  
BENNETT, JACK A.  
1600 N. ATLANTIC AVENUE, #201  
COCOA BEACH, FL 32932

V  
GRANDLICH, JOHN R.  
710 NORTH PLANKINTON AVENUE, #1100  
MILWAUKEE, WISCONSIN 53203

V/S  
YOUNG, JAMES B.  
710 N. PLANKINTON AVE., #1200  
MILWAUKEE, WI 53203

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

AS  
DELISLE, SANDRA J.  
710 N. PLANKINTON AVE., #1200  
MILWAUKEE, WI 53203

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