## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39116

(9)

FILED Jul 30 1997 8:00am Secretary of State

GDXI, INC.										
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Principal Place	e of Business	Mailing A	Mailing Address			1 1001100111		0111 01311 <b>312</b> 11 <b>9</b>	1910 BIBII BEBU	
1011 N. MAYFA	AIR ROAD	1011 N. N	1011 N. MAYFAIR ROAD							
SUITE 203	r0000		SUITE 203 MILWAUKEE WI 53228							
MILWAUKEE W	1 33620	MILWAUN	MILMADINEE WI SOLED			9 Data Incor	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report			
						06/04/19	92		27/1996	эроц
	lace of Business	<u> </u>	2a. Mailing Address				4. FEI Number Applied For Not Applicable			
Suite, Apt.	# Alo	26 Suito	Suite, Apt. #, etc.			00 172	<u> </u>		\$8.75	- ' '
22	w, 010.		27			<ol><li>Certificate</li></ol>	of Status Desired		Fee Re	
City & State	9		City & State			6. Election Ca	ampaign Financing		\$5.00	May Re
23		28	F-3 '				Contribution		Added t	
Zip	Country	Zip		Country	,	8. This corpo	ration owes or has	paid the curi	rent year Inta	angible
24	25	29	30	o][			roperty Tax due Ju			] No
	9. Name and Address of		Agent			10. Name and	Address of New	Registered /	Agent	
	CORPORATION SYSTEM			81	Name					
1200 SOUTH PINE ISLAND ROAD				82	Street A	Address (P.O. Box Number is Not Acceptable)				
PLAI	NTATION FL 33324							· · · · · ·		
				83						
				84	City			<b></b>	<b>85</b> Zip (	Code
					·			<u>FL</u>	<u> </u>	
11. Pursuant office or r	to the provisions of Sections egistered agent, or both, in t	607.0502 and 607.150 he State of Florida. Suc	8, Florida Statutes, chichange was aut	the above horized by	e-named c the corpo	orporation submits thation's board of dire	his statement for thi actors. I hereby acc	e purpose of copt the app	changing its ointment as	s registered registered
agent. I a	m familiar with, and accept the	he obligations of, Section	on 607.0505, Florid	la Statutei	s. '		,			
SIGNATURE			4,675.6					DATE		
12.	Signature, typed or printed name of reg OFFICI	ERS AND DIRECTORS	Die INOIE R	13.	aur siðurannie u	equired when reinstating) ADDITIONS	CHANGES TO OF		DIRECTOR	S IN 12
TITLE	0-		OELETE	1.1 THILE		VICE Preside			Change	Addition
NAME	Byrnes, John T		·	1.2 NAME		Raker, John				,
STREET ADDRESS	770 NORTH WATER ST	REET		1.3 STREET	ADDRESS	1011 N Mayfau	- Ky # 303	3		
CITY-ST-ZIP	MILWAUKEE WI 53202			1.4 C(TY-S		Milwaukee				
TITLE	Ū		DELETE	21 THILE		Secretary		,	☐ Change	Addition
NAME	underwood, John H			2.2 NAME		Elizabetz Lar	mpc			
STREET ADDRESS	500 WEST MONROE ST	TREET		23 STREET	i	1011 N MOYF	ar Rd + 20:	3		
CITY-ST-ZIP	CHICAGO IL 60661			2 4 CITY-	ST-ZIP	Milwankec	WF 532	26		
TITLE	Ū		DELETE	3.1 TITLE					Change	Addition
NAME	BULTMAN, J.B.			3.2 NAME						
STREET ADDRESS	1011 NORTH MAYFAIR	ROAD, SUITE 203		3 3 STREET	ADDRESS					
CITY-ST-ZIP	MILWAUKEE WI 53226			3 4. CITY-5	ST-ZIP					
TITLE	0		DELETE	4.1 TITLE					Change	Addition
NAME	HERBST, ARTHUR L M.			4. 2 NAME	j					
STREET ADDRESS	5841 SOUTH MARYLAN	ID .		4.3 STREET	ADDRESS					
CITY-ST-ZIP	OHICAGO IL 60037			4.4 CITY-S	T - ZIP					
TALE	D		DELETE	5 1 TITLE					Change	Addition
NAME	MCDONOUGH, JOHN J			5.2 NAME	ł					
STREET ADDRESS	901 NORTH LAKE ROA			53 STREET	ADDRESS					
CITY-ST-ZIP	LAKE FOREST IL 60045	)		5.4 CITY - S	T-ZIP				_	
TITLE		-	☐ DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S						
14. I do heret	by certify that the information	supplied with this filing	a does not qualify f	or the exe	mplion sta	ited in Section 119.0	7(3)(i), Florida Statı	utes. I further	certify that	the I

4. I do 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 of changed, or or an attachment with an address.

MANATURE.

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