

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

FILED

May 12 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39116** (9)  
1. Corporation Name  
**GDXI, INC.**

Principal Place of Business <b>1011 N. MAYFAIR ROAD SUITE 303 MILWAUKEE WI 53226</b>	Mailing Address <b>1011 N. MAYFAIR ROAD SUITE 303 MILWAUKEE WI 53226</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>06/04/1992</b>	4. FEI Number <b>39-1722872</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 85 Zip Code
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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

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

(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>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRNES, JOHN T</b>	1.2 NAME	
STREET ADDRESS	<b>770 NORTH WATER STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MILWAUKEE WI 53202</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKER, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>1011 N MAYFAIR RD #203</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D President</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULTMAN, J.B.</b>	3.2 NAME	
STREET ADDRESS	<b>1011 NORTH MAYFAIR ROAD, SUITE 203</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MILWAUKEE WI 53226</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERBST, ARTHUR L M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>5841 SOUTH MARYLAND</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL 60037</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONOUGH, JOHN J</b>	5.2 NAME	
STREET ADDRESS	<b>901 NORTH LAKE ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE FOREST IL 60045</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPE, ELIZABETH</b>	6.2 NAME	
STREET ADDRESS	<b>1011 N MAYFAIR RD #203</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, changed, or in an attachment with an address.

SIGNATURE: *Elizabeth Lampe* ELIZABETH LAMPE 4/22/98 414 774-4525

CP2E034 (1097)