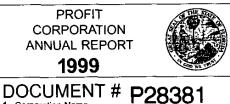
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

BIRDSALL, VOSS & ASSOCIATES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90032 010 ***150.00

Principal Place of Business Mailing Address 250 W. CONVENTRY COURT 250 W. CONVENTRY COURT MILWAUKEE WI 53217 MILWAUKEE WI 53217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/06/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 39-1488409 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** 83 Zip Code 84 City 85 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE Change 1.1 TITLE TITLE 1.2 NAME VOSS, MICHAEL P NAME 250 W. CONVENTRY COURT 1.3 STREET ADDRESS STREET ADDRESS MILWAUKEE WI 53217 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME LA MACCHIA, SHARON L 2.3 STREET ADDRESS STREET ADDRESS 250 W. CONVENTRY COURT **MILWAUKEE WI 53217** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 31 TITLE TITLE 3.2 NAME **BIRDSALL, DON** NAME 250 W. CONVENTRY COURT 3.3 STREET ADDRESS STREET ADDRESS MILWAUKEE WI 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE DRAEGER, GARY 4. 2 NAME NAME 250 W COVENTRY CT 4.3 STREET ADDRESS STREET ADDRESS MILWAUKEE WI 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE □ DELETE TITLE 62 NAME NAME STREET ADDRESS

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 anachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)