2000 UNIFORM BUSINESS/REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nam	MENT # 35,8548 W CONSTRUCTION CO OF			(0011)		Mar 14, Secreta	ary o	0 8:0 f St	ate
3400 BUI	ce of Business RNS RD. #104 ACH GARDENS, FL 33410	Mailing Address 839 N. 11TH ST. MILWAUKEE, WI 53233				03-14-2000	90020 03	0 ***150	0.00
2. Principal F	Place of Business	3. Mailing Address				819970			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			1	Number -1141684		<b>—</b>	pplied For ot Applicable
Zip	Country	Zip	Coun	ry	<b>5</b> . Cer	tificate of Status Desired		8.75 Add	
	6. Name and Address of Current R	egistered Agent				ne and Address of New Re	gistered Ag	ent	
SILVA, YOLANDA -3400-BURNS-ROAD				Street-Address 3400 E	NIEL M. CHUDNOW  at Address (P.OBox-Number-is Not Acceptable)  OO BURNS ROAD				
PALM B	EACH GARDENS, FL 3341			SUITE PALM E	BEACH GARDENS FL Zin Code 33410				
Tax filing r	Signature, typed or printed hims of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payat	II FEE 00 Fee	vili be \$550.	.00				<b>0</b> May Be
11.	OFFICERS AND D	DIRECTORS	12.		ADD	TIONS/CHANGES TO OFFI	CERS AND D	PIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CHUDNOW, A.M. 839 N. 11 TH ST. MILWAUKEE, WI	☐ Delete					[	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV CHUDNOW, JOSEPH 839 N. 11TH ST. MILWAUKEE, WI	☐ Delete					Γ	Change	Addition
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	AS SCHNECKENBERG, DAVID 839 N. 11TH ST. MILWAUKEE. WI	☐ Delete	•	ET ADDRESS - ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUDNOW, DANIEL M. 839 N. 11TH ST. MILWAUKEE, WI	☐ Delete					[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUDNOW, DAVID 1801 CENTURY PARK EAST, 2 LOS ANGELES, CA 90067	Delete		T ADDRESS 8		DAVID HIRE BLVD., SUITE !		X) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				-	[	Change	Addition
indicated	certify that the information supplied with to ton this report or supplemental report is to reporation or the receiver or trusted empore, or on an attachment with any address, we	true and accurate and that r	ny signat	ure shall have	the same lea	al effect as if made under o	ath: that I am	i an officer	or director

414-274-6000 Daytime Phone #

2/29/00 Date