FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 30 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 616945 (2)

1. Corporation Name
LAKE SAUNDERS, INC.

Principal Place of Business	Mailing Address
ATTN: MULDER, ALICIA 710 N PLANKINTON AVENUE MILWAUKEE WI 53203-2404	ATTN: MULDER, ALICIA 710 N PLANKINTON AVENUE MILWAUKEE WI 53203-2404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1979
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business	2a. Mailing Address
21 710 N. Plankinton Ave.	26 710 N. Plankinton Ave.,
Suite, Apt. #, etc. 22 Suite 1200	Suite, Apt. #, etc. 27 Suite 1200
City & State 23 Milwaukee, WI	City & State 28 Milwaukee, WI
Zip / Country 24 53203-2404 25 USA	Zip / Country 29 53203-2404 30 USA

4. FEI Number: 59-1910489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V	☐ Change ☒ Addition
NAME	STEIN, GERALD	1.2 NAME	JAMES F. JANZ	
STREET ADDRESS	710 N PLANKINTON AVENUE	1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	MILWAUKEE, WI	
TITLE	VS	2.1 TITLE	T	☐ Change ☒ Addition
NAME	YOUNG, JAMES B.	2.2 NAME	STEPHAN J. CHEVALIER	
STREET ADDRESS	710 N PLANKINTON AVENUE	2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	MILWAUKEE, WI	
TITLE	V	3.1 TITLE	AS	☐ Change ☒ Addition
NAME	LAABS, SUSAN K	3.2 NAME	MARK S. MADIGAN	
STREET ADDRESS	710 N PLANKINTON AVENUE	3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	MILWAUKEE, WI	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	BORRIS, JAMES D	4.2 NAME		
STREET ADDRESS	710 N PLANKINTON AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	WIGCHERS,ARTHUR W.,JR.	5.2 NAME		
STREET ADDRESS	710 N. PLANKINTON AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ZILBER, JOSEPH J.	6.2 NAME		
STREET ADDRESS	710 N. PLANKINTON AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: Mark S. Madigan 1/16/95 (414) 274-2434
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Telephone Number
Mark S. Madigan, Assistant Secretary

0308114 CP