

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:44

DOCUMENT # **625317** (3)

1. Corporation Name
NORTHPORT, INC.

Principal Place of Business Mailing Address
710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1979** 3a. Date of Last Report **06/22/1994**
4. FEI Number **59-1901153** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEIN, GERALD
STREET ADDRESS	710 N. PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	V
NAME	WIGCHERS, ARTHUR W.
STREET ADDRESS	710 N. PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	V
NAME	JANZ, JAMES F
STREET ADDRESS	710 N. PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	V
NAME	LAABS, SUSAN K.
STREET ADDRESS	710 N. PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	VS
NAME	YOUNG, JAMES B
STREET ADDRESS	710 N. PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	D
NAME	ZILBER, JOSEPH J.
STREET ADDRESS	710 N. PLANKINTON AVE
CITY - ST - ZIP	MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BORRIS, JAMES D.	
1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
1.4 CITY - ST - ZIP	MILWAUKEE, WI 53203	
2.1 TITLE	FV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRAUN, ROBERT E.	
2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
2.4 CITY - ST - ZIP	MILWAUKEE, WI 53203	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHEVALIER, STEPHAN J.	
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
3.4 CITY - ST - ZIP	MILWAUKEE, WI 53203	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MADIGAN, MARK S.	
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE	
4.4 CITY - ST - ZIP	MILWAUKEE, WI 53203	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary

February 2, 1995 (414) 274-2433