

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90053 014 ***150.00

DOCUMENT # 625317

1. Entity Name

NORTHPORT, INC.

Principal Place of Business

Mailing Address

**710 N PLANKINTON AVE
 MILWAUKEE WI 53203-2404
 US**

**710 N PLANKINTON AVE
 MILWAUKEE WI 53203-2404
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1901153**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STEIN, GERALD	710 N. PLANKINTON AVE	MILWAUKEE WI	<input type="checkbox"/>
V	WIGCHERS, ARTHUR W. JR.	710 N. PLANKINTON AVE	MILWAUKEE WI	<input type="checkbox"/>
V	JANZ, JAMES F	710 N. PLANKINTON AVE	MILWAUKEE WI	<input type="checkbox"/>
V	LAABS, SUSAN K.	710 N. PLANKINTON AVE	MILWAUKEE WI	<input type="checkbox"/>
VS	YOUNG, JAMES B	710 N. PLANKINTON AVE	MILWAUKEE WI	<input type="checkbox"/>
D	ZILBER, JOSEPH J.	710 N. PLANKINTON AVE	MILWAUKEE WI	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	BRAUN, ROBERT E.	710 N. PLANKINTON AVENUE, SUITE 1000	MILWAUKEE, WI 53203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	BORRIS, JAMES D.	710 N. PLANKINTON AVENUE, SUITE 1100	MILWAUKEE, WI 53203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	GRANDLICH, JOHN R.	710 N. PLANKINTON AVENUE, #1100	MILWAUKEE, WI 53203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	CHEVALIER, STEPHAN J.	710 N. PLANKINTON AVENUE, SUITE 1200	MILWAUKEE, WI 53203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	DELISLE, SANDRA J.	710 N. PLANKINTON AVENUE, SUITE #1200	MILWAUKEE, WI 53203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	MADIGAN, MARK S.	710 N. PLANKINTON AVENUE, SUITE 1200	MILWAUKEE, WI 53203	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary

1-14-00

Date

(414) 274-2433

Daytime Phone #

CR2E034 (9/99)