

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 625317**1. Entity Name
NORTHPORT, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90145 043 ***150.00

Principal Place of Business 710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US	Mailing Address 710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number 59-1901153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent 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 re-statuting)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1-12-01

Date

(414) 274-2433

Daytime Phone #

CR2E034 (10/00)