

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 820715 (1)

1. Corporation Name
NUNN-BUSH SHOE COMPANY

Principal Place of Business Mailing Address
**234 E. RESERVOIR
P.O. BOX 2047
MILWAUKEE WI 53201** **234 E. RESERVOIR
P.O. BOX 2047
MILWAUKEE WI 53201**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/08/1967 **05/01/1994**

4. FEI Number Applied For
39-1069267 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**LADIG, PATI L
3101 PGS BLVD
STE - J211
PALM BEACH GARDENS FL 33410**

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 reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTKOWSKE, JOHN F	12 NAME	
STREET ADDRESS	2519 E SHOREWOOD BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	SHOREWOOD WI	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORSHEIM, THOMAS W.	22 NAME	
STREET ADDRESS	4090 N. LAKE DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	MILWAUKEE WI	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEITLER, ROBERT	32 NAME	
STREET ADDRESS	777 N. PROSPECT AVE #ST8	33 STREET ADDRESS	
CITY - ST - ZIP	MILWAUKEE WI	34 CITY - ST - ZIP	
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, PETER S.	42 NAME	
STREET ADDRESS	175 W BLACKHAWK RD	43 STREET ADDRESS	
CITY - ST - ZIP	MILWAUKEE WI	44 CITY - ST - ZIP	
TITLE	VP	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEULER, ROLAND L	52 NAME	MELSER, MICHAEL J.
STREET ADDRESS	720 W FAIRFIELD CRT	53 STREET ADDRESS	9220 N. SPRUCE RD.
CITY - ST - ZIP	GLENDALE WI	54 CITY - ST - ZIP	RIVER HILLS, WI 53217
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 19.07(3)(k), 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: *John Wittkowske* **John Wittkowske** **4/6/95** **(414) 263-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #