

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 820715 (1)

1. Corporation Name
NUNN-BUSH SHOE COMPANY



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

3. Date Incorporated or Qualified: **09/08/1967**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **39-1089267**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTKOWSKE, JOHN F	1.2 NAME	
STREET ADDRESS	2519 E SHOREWOOD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHOREWOOD WI	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORSHEIM, THOMAS W.	2.2 NAME	
STREET ADDRESS	4090 N. LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEITLER, ROBERT	3.2 NAME	
STREET ADDRESS	777 N. PROSPECT AVE #ST8	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, PETER S.	4.2 NAME	
STREET ADDRESS	175 W BLACKHAWK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELSER, MICHAEL J.	5.2 NAME	
STREET ADDRESS	9220 N. SPRUCE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER HILLS WI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 4/19/96 (414) 263-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)