Mailing Address

P / ROY 5249

5117 UNIVERSITY AVENUE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 825176

Principal Place of Business

5117 UNIVERSITY AVENUE

MARSHALL ERDMAN & ASSOCIATES, INC.

MADISON WISC	ONSIN 53705	MADISON WISCONSIN 53705		DO NOT WRITE IN THIS SPACE				
MADISON WISCONSIN 30760					3. Date Incorporated or Qualifed 10/08/1970			
2 Deigram D	loop of Dunings	2a. Mailing Address			4. FEI Number	Anr	olied For	
——————————————————————————————————————					39-0827105		Applicable	
21 26 Suite Act # etc				•	39 0021 103	\$8.75 A		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Red		
22 27 27 27 27 27 27 27 27 27 27 27 27 2							<u>·</u>	
City & State City & State					6. Election Campaign Financing	1 5.00 Added to		
23 28 7			Country		Trust Fund Contribution		rees	
Zip				. P	8. This corporation owes the current year I		□No	
24	25 29 30				Personal Property Tax. ■ Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registere	n whenr		
CT C	ODDODATION SYSTEM		81	Name				
CT CORPORATION SYSTEM			82	Street A	Address (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD								
PLAN	ITATION FL 33324		83	İ				
			84	City		. 85 Zip C	ode.	
			04	City	F	L S Zp	,000	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the purpose pration's board of directors. I hereby accept the app	of changing its	registered	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was autigations of, Section 607.0505, Florid	la Statutes	ale corpc i.	oration's board of directors. Thereby accept the app	OMINICIA do Tog	Jistorod	
-							}	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: R	egistered Age	nt signature re	equired when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	ENDMAN, TIMOTHY		1.2 NAME				1	
STREET ADDRESS	3306 TOPPING RD.		1.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	MADISON, WI 0		1.4 CITY-S	- 1			}	
TITLE			2.1 TITLE			☐ Change	Addition	
NAME	HEMBEL, ALAN		2.2 NAME]	
	· = · - · · ·		2.3 STREET ADDRESS				1	
STREET ADDRESS			2.4 CITY-ST-ZIP			ē		
CITY-ST-ZIP			3.1 TITLE	51-217		Change	Addition	
TITLE	D CHELDON	DELETE						
NAME	LUBAR, SHELDON		3.2 NAME					
STREET ADDRESS	Y			TADDRESS				
CITY-ST-ZIP	MILWAUKEE, WI 0		3.4. CITY-	ST-ZIP				
TITLE	V	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	HALVERSON, RON		4. 2 NAME				•	
STREET ADDRESS	3314 WESTVIEW LANE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MADISON WI		4.4 CITY-5	T-ZIP				
TITLE	S	☐ DELETE	5.1 TITLE	_		☐ Change	☐ Addition	
NAME	HEMBEL, ALAN		5.2 NAME	1				
STREET ADDRESS	050 4 AUSTA OT		5.3 STREE	TADORESS				
CITY-ST-ZIP	MIDDLETON WI		5.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE			Change	Addition	
NAME	FERRIS, COLLINS		6.2 NAME					
STREET ADDRESS	AND THE SELECTION OF CALL		6.3 STRFF	T ADDRESS				
STREET ALTUHENS	· ccc TI FINDINITUIUI							

6.4 CITY-ST-ZIP

SIGNATURE:

MADISON, WI 0

14. 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 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, with all other like empowered. 608-238-0211

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90005 040 ***150.00

CR2E034 (11/98)