

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90018 012 ***158.75

DOCUMENT # F00000000686**1. Entity Name****MALLORY IMPROVEMENT CORP.****Principal Place of Business****6635 SOUTH 13TH STREET
MILWAUKEE WI 53221****Mailing Address****6635 SOUTH 13TH STREET
MILWAUKEE WI 53221****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1226030Applied For
Not Applicable**5. Certificate of Status Desired****\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CRIST, TONI
2208 IDLEWOOD ROAD
PALM BEACH GARDENS FL 33410****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 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, 2001 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****TITLE CPT**
NAME GIUFFRE, FRANK P
STREET ADDRESS 929 NORTH ASTOR STREET
CITY-ST-ZIP MILWAUKEE WI 53202☐ Delete**TITLE VS**
NAME GIUFFRE, DOMINIC J
STREET ADDRESS 8101 SOUTH 68TH STREET
CITY-ST-ZIP FRANKLIN WI 53132☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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CITY-ST-ZIP☐ Delete**TITLE**
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STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
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CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ 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: FRANK P. GIUFFRE**  **1/19/01** **414/747-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)