


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000036	
1. Entity Name DEXM CORPORATION	

Principal Place of Business N22 W23977 RIDGEVIEW PARKWAY, SUITE 100 WAUKESHA, WI 53188	Mailing Address N22 W23977 RIDGEVIEW PARKWAY, SUITE 100 WAUKESHA, WI 53188
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1807517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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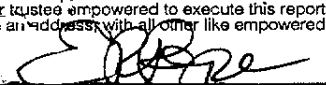
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	PETER F. SOUZA ASSISTANT SECRETARY	1/14/04
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT POPE, EDWARD R N22 W23977 RIDGEVIEW PARKWAY, SUITE 100 WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POPE, BETTY N22 W23977 RIDGEVIEW PARKWAY, SUITE 100 WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANTRO, DONALD C 6405 THORNBERRY CURVE EXCELSIOR, MN 55331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/04-80109-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	SIGNATURE: 	1-22-2004 262-523-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #