

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F92000000243 (7)

1. Corporation Name
THE BARRINGTON GROUP, LTD., INC.



Principal Place of Business
**1100 EMPLOYERS BLVD.
 DE PERE WI 54115
 US**

Mailing Address
**PO BOX 740026
 LOUISVILLE KY 40201-7426**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/30/1992	05/01/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	39-1734851	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Numbers Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0802 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 607.0805, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	\$ KROGER, JOAN O.	1.2 NAME	
STREET ADDRESS	500 W. MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40201	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T DOUCETTE, JAMES W.	2.2 NAME	
STREET ADDRESS	500 W. MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40201	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C SMITH, WAYNE T.	3.2 NAME	
STREET ADDRESS	500 W. MAIN ST.	3.3 STREET ADDRESS	VP MURRAY, JAMES E. 500 W MAIN LOUISVILLE KY 40201-1438
CITY-ST-ZIP	LOUISVILLE KY 40201	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WOLF, GREGORY H	4.2 NAME	
STREET ADDRESS	1100 EMPLOYERS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI 54344	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	\$ KROGER, JOAN O. 500 W MAIN LOUISVILLE KY 40201-1438
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	VP BAUERNFEIND, GEORGE 500 W MAIN LOUISVILLE KY 40201-1438
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *George Bauernfeind* **GEORGE BAUERNFEIND, V P-TAXES** 4/30/97 (502)580-1000

CR2E034 (9/96)