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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90089 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F92000000243**

1. Corporation Name

**THE BARRINGTON GROUP, LTD., INC.**

Principal Place of Business

626 E WINCONSIN AVE  
MILWAUKEE WI 53202  
US

Mailing Address

626 E WISCONSIN AVE  
MILWAUKEE WI 53202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/30/1992**

4. FEI Number

**39-1734851**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **S KROGER, JOAN O.**  
STREET ADDRESS **500 W. MAIN ST.**  
CITY-ST-ZIP **LOUISVILLE KY 40201**

TITLE ☒ DELETE  
NAME **T DOUCETTE, JAMES W.**  
STREET ADDRESS **500 W. MAIN ST.**  
CITY-ST-ZIP **LOUISVILLE KY 40201**

TITLE ☒ DELETE  
NAME **VP MURRAY, JAMES E**  
STREET ADDRESS **500 W. MAIN ST.**  
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☒ DELETE  
NAME **PD WOLF, GREGORY H**  
STREET ADDRESS **1100 EMPLOYERS BLVD**  
CITY-ST-ZIP **GREEN BAY WI 54344**

TITLE ☒ DELETE  
NAME **S KROGER, JOAN O**  
STREET ADDRESS **500 W MAIN**  
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☒ DELETE  
NAME **VP BAUERNFEIND, GEORGE**  
STREET ADDRESS **500 W MAIN**  
CITY-ST-ZIP **LOUISVILLE KY**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**Mark FitzGerald**  
**President**  
**626 E Wisconsin Avenue, 7th Floor**  
**Milw, WI 53202**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**Timothy Dyer**  
**CFO**  
**626 E. Wisconsin Avenue, 7th Floor**  
**Milw, WI 53202**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TIMOTHY DYER**

**3/15/99**

**414-225-1040**

CR2E034 (1/98)