FOR PROFIT CORPORATION

| CITY-ST-ZP GLENDALE, WI 53209 CITY-ST-ZP -05/27/0201004005 ######## 75 ####### 75 ####### 75 ####### 75 ####### 75 ######## | / U | INIFORM BUSINE | ESS REPOR | T (U | BR) | <u> </u> | |
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| DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 6.100 N. BAKER ROAD 6.100 NORTH BAKER RO | - | | | | | | |
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| CLENDALE, WI CLEMPA CLEM | | | City & State | | | | |
| Social Content Registered Address of Current Registered Agent Social Address of Current Registered Agent Number of Corporation Street Address (P.O. Box humber is Not Acceptable) | · | | | Coun | itere | 39-0964876 Not Applic | |
| DO NOT WRITE IN THIS SPACE CT CORPORATION SYSTEM | | , | i ' | | - | Fee Required | |
| Signature: Signat | | | | | | | |
| IN THIS SPACE City PLANTATION FL Zip Code 33324 | | DO NOT W | RITE | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 10. This corporation is eligible in satisfy, is immagible and live in the state of florida. Anter May 1- Fee is \$150.00 Annended URR is \$51.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Func Contribution. SIGNATURE P/D Make Check Payable to Department of State 10. Election Campaign Financing Trust Func Contribution. SIGNATURE P/D Make Check Payable to Department of State 10. Election Campaign Financing Trust Func Contribution. SIGNATURE P/D Make Check Payable to Department of State 10. Election Campaign Financing Trust Func Contribution. SIGNATURE SOURCE State 10. Election Campaign Financing Trust Func Contribution. SIGNATURE SOURCE State 10. Election Campaign Financing Trust Func Contribution. SIGNATURE SOURCE State SOUR | | | | | Street Address 1200 S. F | (P.O. Box Number is Not Acceptable) INE ISLAND ROAD | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature (upded or pried time of registered specific purposes of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature (upded or pried time of registered specific purposes of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature of the signature of registered specific purposes of the signature of th | | 111 11110 Oi | AOL | | City | P. L. Zin Code | |
| SIGNATURE Special process of the | 8. The above | named entity submits this statement for | the purpose of changing its | s registere | PLANTA | ATION 33324 | |
| 9. This corporation is eligible to satisfy its intengible frame direction of the application of the applicat | | , | parpeds of onlying in | o registere | or conce or region | ered agent, or both, in the state of riorida. | |
| Tax Milling requirement and elects to do so. After May 1, Fee is \$550.00 Amended UBR is \$61.25 Amended UBR is \$ | SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOT | IE: Registered | I Agent signature requir | ed when reinstating) DATE | |
| THE NAME ROBERT C. ARZBABCHER ROAD SIRETADDRESS CITY-ST-ZIP CENTRALE, WILL STATE ADDRESS CITY-ST-ZIP CITY ASSET ADDRESS CITY-ST-ZIP CITY CITY CITY CITY CITY CITY CITY CITY | Tax filing r | equirement and elects to do so. | After May Amende | 1, Fee i d UBR i | s \$550.00 s \$61.25 | Trust Fund Contribution. Added to Fees | |
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| STREET ADDRESS ITY-ST-ZIP TIFLE MME TIFLE MME TIFLE MME TIFLE MME STREET ADDRESS TY-ST-ZIP 3. 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 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 on an attachment with an address, with all other like empowered. SIGNATURE: Anthony W. Asmuth III, Secretary 5//5/02 414-277-5713 | | | | - | 21- AP | | |
| ITTLE MME TREET ADDRESS ITY-ST-ZIP 3. 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 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 on an attachment with an address, with all other like empowered. SIGNATURE: Anthony W. Asmuth III, Secretary 5//5/02 414-277-5713 | | | | | r apporer | | |
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| 3. 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 on an attachment with an address, with all other like empowered. SIGNATURE: Anthony W. Asmuth III, Secretary 5/ 15/02 414-277-5713 | TREET ADDRESS | | | STREET | ı | KIN | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PURECTOR | of the corp | poration or the receiver or trustee empor | wered to execute this renor | | | ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal offect as if made under oath; that I am an officer or directo 07. Florida Statutes: and that my name appears in Block 11 or on an |), J |
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