COR ANNU	DNPROFIT PORATION BAL REPORT 1999		Katherin Secretary DIVISION OF C			ar 03, 199 ecretary ()3-03-1999 90003 0		
· Corporation	ERICAN BOARD OF GRAPHIC AND EVO of Business 33	REGISTRATIC KED POTENTI Mai P.O	on of electroi	ies, 				
- '	ace of Business		Mailing Address		3. Date Incorporat 05/24/1995			
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.		4. FEI Number	· · · · · ·	···	lied For
		27	City & State	,, ,	54-1607478	· · · · · · · · · · · · · · · · · · ·	88.75 A	Applicable
City & State	8	28			5. Certifcate of Sta	atus Desired	Fee Re	quired
Zip	Country	29	Zip	Country 30	6. Election Campa Trust Fund Con		\$5.00 Added to	
l	25 9. Name and Address			30	h	Iress of New Registered		•
				81 Name			· ·	
C T CORP	ORATION SYSTEM			82 Street /	Address (P.O. Box Number	is Not Acceptable)		
							<u>_</u>	
1200 S. PI	INE ISLAND ROAD			83				
1200 S. PI	INE ISLAND ROAD ON FL 33324				······································		85 Zip C	ode
1200 S. PI PLANTATIO	DN FL 33324	ts 617.0502 and 61	17.1508, Florida Statute	84 City	corporation submits this sta	FL atement for the purpose of 1 hereby accept the appo	- Changing its	registered
1200 S. P PLANTATION 1. Pursuant office or n agent. I a GRATURE	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r	the State of Florida the obligations of, registered agent and title if	a. Such change was all Section 617.0503, Flor applicable. (NOTE:	84 City ass, the above-named of thorized by the corpor- tida Statutes.	equired when reinstating)	atement for the purpose of I hereby accept the appo DATE	f changing its intment as reg	registered jistered
1200 S. P PLANTATION 1. Pursuant office or m agent. I a	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r	the State of Florida the obligations of,	a. Such change was all Section 617.0503, Flor applicable. (NOTE:	84 City es, the above-named of thorized by the corporida Statutes.	equired when reinstating)	atement for the purpose of I hereby accept the appo	f changing its intment as reg	registered jistered
1200 S. PI PLANTATION 1. Pursuant office or n agent. I a NGNATURE 2. TLE WE	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY	the State of Florida the obligations of, registered agent and title if	a. Such change was al Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City es, the above-named of thorized by the corporida Statutes. Ithorized by the corporida Statutes. Registered Agent signature reference 13. 1.1 TITLE 1.2 NAME	equired when reinstating)	atement for the purpose of I hereby accept the appo DATE	f changing its intment as reg	registered jistered RS IN 12
1200 S. PI PLANTATION 1. Pursuant office or n agent. I a IGNATURE 2. TLE WME IREET ADDRESS	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE	the State of Florida the obligations of, registered agent and title if	a. Such change was al Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City es, the above-named of thorized by the corporida Statutes. Ithorized by the corporida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	equired when reinstating)	atement for the purpose of I hereby accept the appo DATE	f changing its intment as reg	registered jistered RS IN 12
1200 S. PP PLANTATIK 1. Pursuant office or n agent. I a SIGNATURE 2. TRLE AME TREET ADDRESS TTY-ST-ZIP	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY	the State of Florida the obligations of, registered agent and title if	a. Such change was at Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City es, the above-named of thorized by the corporida Statutes. Ithorized by the corporida Statutes. Registered Agent signature reference 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CH/	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN	f changing its intment as reg	registered jistered RS IN 12
1200 S. PI PLANTATION 1. PURSUANT office or magent. I a IGNATURE 2. TLE WME TREET ADDRESS TY-ST-ZIP TLE	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN	the State of Florida the obligations of, registered agent and title if	a. Such change was al Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City es, the above-named of thorized by the corporida Statutes. Ithorized by the corporida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP	ADDITIONS/CHA	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN	Changing its intment as reg	RS IN 12
1200 S. PI PLANTATION 1. PURSUANT office or magent. I a IGNATURE 2. IGNATURE 2. TLE WME TREET ADDRESS TY. ST-ZIP TLE WME	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD.	the State of Florida the obligations of, registered agent and title if	a. Such change was at Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City 95, the above-named of ithorized by the corpor- ida Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN Center BI	Changing its intment as reg	RS IN 12
1200 S. PI PLANTATION Office or magent. I an IGNATURE 2. THE WME TREET ADDRESS TY-ST-ZIP THE WME TREET ADDRESS TY-ST-ZIP	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH	the State of Florida the obligations of, registered agent and title if	a. Such change was al Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City 95, the above-named of ithorized by the corpor- ital Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP	ADDITIONS/CHA	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN CEL LI Center BI	Changing its intment as reg	RS IN 12 Additio
1200 S. PI PLANTATIO	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P	the State of Florida the obligations of, registered agent and title if	a. Such change was at Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City B4 City athorized by the corporate ida Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; P.F	Thereby accept the appo DATE ANGES TO OFFICERS AN A 19013	ND DIRECTO	RS IN 12 Additio
1200 S. PI PLANTATIO	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH	the State of Florida the obligations of, registered agent and title if	a. Such change was al Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City B4 City athorized by the corporate ida Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN AND AND AND AND AND AND AND AND AND AND	ND DIRECTO	RS IN 12 Additio
1200 S. PI PLANTATIO	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA	the State of Florida the obligations of, registered agent and title if	A. Such change was all Section 617.0503, Flor CTORS	B4 City ass, the above-named of the orporation of the corporation	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; P.F	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	r changing its intment as reg ND DIRECTO □ Change □ Change □ Change	RS IN 12 Additio
1200 S. PI PLANTATIO	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of (OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE W 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor applicable. (NOTE: CTORS	B4 City ass, the above-named of the orporation of the corporation	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	ND DIRECTO	RS IN 12 Additio
1200 S. PE PLANTATION Office or magent. I a ICGNATURE 2. TLE INEET ADDRESS TY-ST-ZIP TLE INEET ADDRESS TY-ST-ZIP TLE INEET ADDRESS TY-ST-ZIP TLE INEET ADDRESS TY-ST-ZIP TLE AME	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECKY	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(A. Such change was all Section 617.0503, Flor CTORS	B4 City ass, the above-named of the orporation of the corporation	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	r changing its intment as reg ND DIRECTO □ Change □ Change □ Change	RS IN 12 Additio
1200 S. PI PLANTATION I. PURSUANT office or magent. I an IGNATURE 2. IGNATURE 2. ILE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of (OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE W 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor CTORS DELETE DELETE DELETE	B4 City 25, the above-named of the orporation of the corporation o	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	f changing its intment as reg ND DIRECTO Change Change Change Change	RS IN 12 Additio
1200 S. PI PLANTATION I. PURSUANT office or magent. I a IGNATURE 2. TLE INE INE INE INE INE INE INE INE INE IN	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of (OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECKY 54579 NEWTON RD GENOA WI 54632 T	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(A. Such change was all Section 617.0503, Flor CTORS	B4 City 25, the above-named of thorized by the corporate ida Statutes. Registered Agent signature re- ida Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	r changing its intment as reg ND DIRECTO □ Change □ Change □ Change	RS IN 12 Additio
1200 S. PI PLANTATION I. PURSUANT office or magent. I a IGNATURE 2. INCOMPTONESS TY-ST-ZIP TLE AME TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of (OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECKY 54579 NEWTON RD GENOA WI 54632 T WEBSTER, LINDA	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor CTORS DELETE DELETE DELETE	B4 City PS, the above-named of the corporate	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	f changing its intment as reg ND DIRECTO Change Change Change Change	RS IN 12 Additio
1200 S. PI PLANTATION I. PURSUART Office or magent. I an IGNATURE 2. IREET ADDRESS TY-ST-ZIP TLE WIE IREET ADDRESS TY-ST-ZIP TLE WIE IREET ADDRESS TY-ST-ZIP TLE MIE IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of (OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECKY 54579 NEWTON RD GENOA WI 54632 T WEBSTER, LINDA 50 N MEDICAL DR	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor CTORS DELETE DELETE DELETE	B4 City Ps, the above-named of the corport da Statutes. Registered Agent signature reaction in the corport of the signature reaction in the corport of the corport of the signature reaction in the corport of	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	f changing its intment as reg ND DIRECTO Change Change Change Change	RS IN 12 Additio
1200 S. PP PLANTATION 1. Pursuant office or n agent. I a SIGNATURE 2. TLE AME TREET ADDRESS	ON FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of (OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECKY 54579 NEWTON RD GENOA WI 54632 T WEBSTER, LINDA	the State of Floridi the obligations of, registered egent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor CTORS DELETE DELETE DELETE	B4 City PS, the above-named of the orporate of the corporate of th	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	Atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN ANGES TO OFFICERS AN Ce LI Center BI A 19013 anice Senter St	f changing its intment as reg ND DIRECTO Change Change Change Change	RS IN 12
1200 S. PI PLANTATION 1. PURSUANT office or magent. I and istronation office or magent. I and istronation office or magent. I and istronation office or magent. I and the second office of magent. I and the second office of magent of the second of t	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECK1 54579 NEWTON RD GENOA WI 54632 T WEBSTER, LINDA 50 N MEDICAL DR SALT LAKE CITY FL 8 D ERWIN, ANDREA	the State of Floridi the obligations of, registered agent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor CTORS DELETE DELETE DELETE DELETE DELETE	B4 City B3, the above-named of the corporate signature of the corporate sis and corporate signature of the corporate signat signat	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN LI Center BI A 19013 anice Denter St d, J.L. 627	f changing its intment as reg DDIRECTO Change Change Change Change Change	RS IN 12 Addition
1200 S. PI PLANTATION 1. PURSUART Office or magent. I and IGNATURE 2. IGNATURE 2. IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME	DN FL 33324 to the provisions of Section egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF D FISCHER, GREGORY 1836 SOUTH AVE LACROSSE WI 54601 D THOMAS, KAREN 8360 PARAGON RD. CENTERVILLE OH P WIRCH, ADELE 1959 N.E. PACIFIC SEATTLE WA S APPENZELLER, BECK1 54579 NEWTON RD GENOA WI 54632 T WEBSTER, LINDA 50 N MEDICAL DR SALT LAKE CITY FL 8 D	the State of Floridi the obligations of, registered agent and the if ICERS AND DIRE(a. Such change was al Section 617.0503, Flor CTORS DELETE DELETE DELETE DELETE DELETE	B4 City B5, the above-named of thorized by the corporation of the cor	ADDITIONS/CH/ ADDITIONS/CH/ Trice, Kelle One medica Upland; Pf Walbert, J. 800 E. Carp	atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS AN LI Center BI A 19013 anice Denter St d, J.L. 627	f changing its intment as reg DDIRECTO Change Change Change Change Change	RS IN 12 Addition