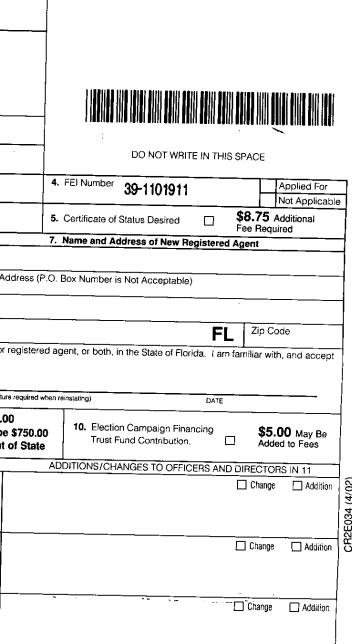
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** F95000003056

FILED Jul 28, 2002 8:00 am Secretary of State



THE ZIMMERMAN DESIGN GROUP, INC.					07-28-2002 90201 014 ***550.00			
Principal Place of Business 7707 HARWOOD AVENUE MILWAUKEE WI 53213		Mailing Address 7707 HARWOOD AVENUE MILWAUKEE WI 53213						
2. Principa	al Place of Business	3. Mailing Address	<u> </u>					
		G. Maining Address		i		an eenn eisse man ef		i
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & S	State	City & State		4.	FEI Number 39-1101911		Applied For	_
Zip	Country	Zip	Country			¢0.75 .	Not Applicab	le
	6. Name and Address of Current Ro	egistered Agent	<u>!</u>		Certificate of Status Desired	Fee Requi	red	
	•	-governa Agont	Name	7.	Name and Address of New Regist	ered Agent		コ
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street	Address (P.O.	ess (P.O. Box Number is Not Acceptable)			
	111011111 00024					•		7
9 The share			City			FL Zip Co	de	┨
the oblig	ve named entity submits this statement for the lations of registered agent.	ne purpose of changing its	registered office	or registered a	gent, or both, in the State of Florida.	I am familiar with	, and accept	-
SIGNATURE	=							
-	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered Agent sign	ature required when r	einstating)	DATE	-	
9. This corp	poration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$550	0.00	40 5			4
(See crit	requirement and elects to do so. eria on back)	After September 13 Make Check Payab	, 2002 Fee will	be \$750.00	10. Election Campaign Financing Trust Fund Contribution.	_ +0.,	00 May Be d to Fees	
11.	OFFICERS AND DIF		12.		DELLONG OF THE OFFICE			
TITLE NAME	CD	☐ Delete	TITLE	T	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	S IN 11	4
STREET ADDRESS	ZIMMERMAN, GARY V 7707 HARWOOD AVENUE MILWAUKEE WI		NAME STREET ADDRESS			<u></u> опанус	☐ Audi((ii))	
TITLE	DV DV		CITY-ST-ZIP	<u> </u>				1
NAME	SMITH, DONALD R.	☐ Delete	TITLE Name			☐ Change	☐ Addition	78
STREET ADDRESS CITY-ST-ZIP	7707 HARWOOD AVENUE MILWAUKEE WI		STREET ADDRESS					
TITLE	TD	☐ Delete	TITLE			· Channe		1
NAME STREET ADDRESS	KORNITZ, BRUCE W 7707 HARWOOD AVENUE		NAME			Change	☐ Addition	
CITY-ST-ZIP	MILWAUKEE WI		STREET ADDRESS CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE	 				-
NAME STREET ADDRESS	POWELL, JOANN 7707 HARWOOD AVENUE		NAME			Change	Addition	
CITY-ST-ZIP	MILWAUKEE WI	/	STREET ADDRESS CITY-ST-ZIP					
TITLE	PD	□ Delete	TITLE	 				-
NAME STREET ADDRESS	STROIK, DAVID L 7707 HARWOOD AVE	/	NAME			☐ Change	Addition	
CITY-ST-ZIP	MILWAUKEE WI 53213	•	STREET ADDRESS CITY-ST-ZIP				İ	
TITLE		☐ Delete	TITLE					ĺ
NAME STREET ADDRESS	/	Duidle	NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	/		STREET ADDRESS					
	•		■ LHY-St-719					

13. 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 legal 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 of Tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BALCE W KORNITZ (414) 476-9500