

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003571 (5)**

1. Corporation Name

RUNZHEIMER INTERNATIONAL LTD. (A CORPORATION)

Principal Place of Business

**RUNZHEIMER PARK
ROCHESTER WI 53167**

Mailing Address

**RUNZHEIMER PARK
ROCHESTER WI 53167**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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 607.04 and 607.1505, Florida Statutes, the undersigned, I, 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. The undersigned, I, agree to the appointment as registered agent. I am familiar with and am aware of the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

**PVC
RUNZHEIMER, REX
1425 N. CASS #202
MILWAUKEE WI 53202**

**V
GEBHARD, WILLIAM
W264 S7443 MT. WHITNEY AVE.
WAUKESHA WI 53186**

TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

**SD
ROPER, WAYNE
735 N. WATER STREET
MILWAUKEE WI 53202**

TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

**CT
RUNZHEIMER, RHODA
31641 WASHINGTON AVE.
ROCHESTER WI 53167**

TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

**D
GOLDSMITH, DAVID
ONE MAGNIFICENT MILE, SUITE 1400
CHICAGO IL 60611**

TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

NAME STREET ADDRESS CITY, ST, ZIP

NAME STREET ADDRESS CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

2. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

3. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

4. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

5. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

6. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

7. TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report was supplied voluntarily and is not required by law, and that any signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the registered agent or business provider 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 in my own name with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

414-767-2200

CR2E034 (12/95)