

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-28-2002 91727 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005252**

1. Entity Name

GMR MARKETING INC.

Principal Place of Business

5000 S. TOWNE DRIVE
NEW BERLIN WI 53151
US

Mailing Address

5000 S. TOWNE DRIVE
NEW BERLIN WI 53151
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1451240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, DAN
555 S FEDERAL HWY
SUITE 350
BOCA RATON FL 33432

Name

CT Corporation

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

600 East Jefferson Street

City

Tallahassee

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Christine M. Eastman
Christine M. Eastman
Assistant Secretary

Christine M. Eastman
Assistant Secretary

7/2/02

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **REYNOLDS, GARY M**
 CITY-ST-ZIP **2725 S MOORLAND**
NEW BERLIN WI 53151

TITLE ☒ Delete
 NAME **DVST**
 STREET ADDRESS **CASEY, SHARON**
 CITY-ST-ZIP **2527 S MOORLAND**
NEW BERLIN WI 53151

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5000 SOUTH TOWNE DRIVE**
 CITY-ST-ZIP **NEW BERLIN WI 53151**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **CFO**
 STREET ADDRESS **VIRGINIA GERAHITY**
 CITY-ST-ZIP **5000 SOUTH TOWNE DRIVE**
NEW BERLIN WI 53151

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine M. Eastman
Christine M. Eastman
Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02

Date

262-786-5600

Daytime Phone

CR2E034 (9/01)