FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 26, 2002 8:00 am Secretary of State 03-26-2002 90012 035 ***150.00

414-479-7800 Daytime Phone #

1. Entity Nar	JMENT #48288 or Cypress Acres Landfill, Inc	5	V	/	03-20-20	002 90012 033	130.00
:	DO NOT WRIT	E IN THIS	SPAC	Ē		B0050	466
	Place of Business	3. Mailing Address					
7424 North East 33rd Court Suite, Apt. #, etc.		Suite, Apt. #. etc Suite 200			DO NOT WRITE IN THIS SPACE		
City & State Ocala, FL		City & State Milwaukee, Wi			4. FEI Number 59-2362841		Applied For Not Applicable
Zip 34479	Country Marion	Zip 53214	Country Milwaukee		5. Certificate of Status Desired		
security considered		· Billio rapper of the winger as a constant	general and the second	Name	7. Name and Address of Curre	int Registered Agen	t
	DO NOT V		p st	CT Corpora Street Addres	tion System s (P.O. Box Number is Not Accepte Pine Island Road	ble)	***************************************
e				City		FL Zig	Code
0 The share	re named entity submits this statement	f - the		Plantation	to and a want on both in the Chan of		324
Tax filin (See crite	Signature, typed or printed name of registered age poration is eligible to satisfy its Intangil requirement and elects to do so, eria on back)	ole Januar Afte An Make Check	y 1 - May 1 Fe er May 1, Fee i nended UBR i	s \$550.00	10. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees
11.		D DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Paul R. Jenks 125 South 84th Street, Suite Milwaukee, WI 53214	200		1			
TITLE NAME STREET ADDRESS CITY - ST- ZIP	S Karen K. Duke 125 South 84th Street, Suite 200			ET ADDRESS -ST-ZIP			
TITLE NAME	Milwaukee, WI 53214 T/D George K. Farr			in the world,	of the second		en en a mention
STREET ADDRESS CITY-ST-ZIP	1605 Main Street, Suite 904 Sarasota, FL 34236			ET ADDRESS -ST-ZIP	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant S Scott S. Cramer			ET ADDRESS ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant T Raphael B. Bruckert	200	THTLE NAMI STREI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G.W. "Bill" Dietrich			ET ADDRESS ST-ZIP			,
of the co	certify that the information supplied w d on this report or supplemental report orporation or the receiver or trustee er ent with an address, with all other like	npowered to execute thi	alify for the exer d that my signat is report as requ	nption stated in ure shalf have th iired by Chapter	Section 119.07(3)(i), Florida Statute le same legal effect as if made unde 607, Florida Statutes; and that my	s, I further certify that er oath; that I am an o name appears in Blo	the information officer or director sck 11 or on an

Karen K. Duke, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR