

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90040 041 ***150.00

DOCUMENT # H03175

1. Entity Name
CAPE WINDS, INC.

Principal Place of Business 710 N. PLANKINTON AVE. WI 53203-2404	Mailing Address 710 N. PLANKINTON AVE. MILWAUKEE WI 53203-2404 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1485729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBER, JOSEPH J. 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED LIST OF ADDITIONAL OFFICERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGCHERS, ARTHUR W. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEIN, GERALD 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEVALIER, STEPHAN J. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANZ, JAMES F. 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YOUNG, JAMES B. 710 N. PLANKINTON AVENUE MILWAUKEE WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark S. Madigan **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary

Date **01/14/00** Daytime Phone # **(414) 274-2433**

CR2E034 (9/99)

D0043910

CAPE WINDS, INC.
DOCUMENT # H03175

Additional Officers:

V

BENNETT, BRENDA C.
1600 N. ATLANTIC AVENUE, #201
COCOA BEACH, FL 32931

V

BORRIS, JAMES D.
710 N. PLANKINTON AVENUE, #1100
MILWAUKEE, WI 53203

V

BRAUN, ROBERT E.
710 N. PLANKINTON AVENUE, #1000
MILWAUKEE, WI 53203

AS

DELISLE, SANDRA J.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

V

GRANDLICH, JOHN R.
710 N. PLANKINTON AVENUE, #1100
MILWAUKEE, WI 53203

AS

MADIGAN, MARK S.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203