## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H26301

OLD RIVER ROAD, INC.

A MARINETT ANNA MARIA SECEN ESCHA REGER FRAN ALBERT ANDRE BURKE BURKE BURKE BURKE FARR

**FILED** 

Apr 20 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address										- I region 2010 Hore aused their ganes from 2004 gibts and 1 6450 divin along artist 1001		
					N PLANKINTO AVENUE TE 1200							
MILWAUKEE WI \$3203-2404				MILWAUKEE WI 53203-2404						DO NOT WRITE IN THIS SPACE		
US				US						3. Date Incorporated or Qualified 10/19/1984		
2. Principal Place of Business				2a. Mailing Address						4. FEI Number Applied For		
710 K. Plankinton Avenue				26 710 N. Plankinton Avenue						<b>39-1500265</b> Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional		
22				27						Fee Required		
City & State				City & State						6. Election Campaign Financing \$5.00 May Be		
Zip Country			2	[28]						Trust Fund Contribution Added to Fees		
Zip		25		7 ip Co			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
24		and Address of Curi			cent	30				Personal Property Tax due June 30. X Yes Li No 10. Name and Address of New Registered Agent		
CT		TION SYSTEM	110				81	Nai	me	10, Name and Name of the Confession of States		
	0 8. PINE		1			1_						
PLANTATION FL 33324							82	Stre	aet Addres	ress (P.O. Box Number is Not Acceptable)		
							83					
							84	City	,	FL 85 Zip Code		
44 Digouant	to the provini	one of Sections 607 C	103 000	1607 1600	Elorido Status	on the	obout	non	and norma	poration submits this statement for the purpose of changing its registered		
office or re agent. I a	egi <b>ste</b> red ag m <b>(am</b> iliar wit	ent, or both, in the Sta th, and accept the ob	ate of Fli ligations	orida. Sucl s of, Section	i, Florida Statu n change was n 607.0505, Fl	authori; orida S	above red by tatute:	the :	corporatio	tion's board of directors. I hereby accept the appointment as registered		
SIGNATURE Signature typed or printed name of registered agent and tilk-if applicable (NOTE: Registered Agent signature required when reinstalling)  DATE												
12.	Signatule typeu	OFFICERS A			iii (NO	1;		in sign	alure requied	red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	70	OT TOETION		12010110	DELETE		TITLE			Change M Addition		
NAME	ZILBER,	JOSEPH J.					NAME		BRA	RAUN, ROBERT E.		
STREET ADDRESS 710 N. PLANKINTON A			ic .			STREET	ADDRE	DRESS 710 N. PLANKINTON AVENUE, #1200				
CITY-ST-ZIP	MILWAU	KEE WI					CITY-S			ILWAUKEE, WI 53203		
TITLE	V				DELETE	_	TITLE		V	☐ Change 🔀 Addition		
NAME	LAABS,	Susan K				2.2	NAME		GRA	RANDLICH, JOHN R.		
STREET ADDRESS		PLANKINTON AVEN	UE			23	STREET	ADDRE	ss 710	IO N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAU	KEE WI				2	4 CITY-S	ST - ZIP	MIL	ILWAUKEE, WI 53203		
TITLE	V				DELETE		TITLE		T	Change (X) Addition		
NAME	STEIN, C					3.2	NAME		CHE	HEVLAIER, STEPHAN J.		
STREET ADDRESS		LANKINTON AVEN	UE			3.3	STREET	ADDRE	ss <b>710</b>	10 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAU	KEE WI				3,4	CITY-5	T-ZIP	MIL	ILWAUKEE, WI 53203		
TITLE	P				DELETE	4.1	TITLE		AS	Change 🐰 Addition		
NAME		JAMES D				4.	2 NAME		DEL	ELISLE, SANDRA J.		
STREET ADDRESS	710 N P	LANKINTON AVE				4.3	STREET	ADDRE	ss   710	IO N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAU	KEE WI				4,4	CITY-S	T-ZIP	MIL	ILWAUKEE, WI 53203		
TITLE	V	DO 40TH ID 147 M			DELETE	51	TITLE		AS	Change 📈 Addition		
NAME		RS, ARTHUR W. JI				5.2	NAME			ADIGAN, MARK S.		
STREET ADDRESS		. PLANKINTON AVENUE			5.3 \$		STREET	ADDRE	<sup>SS</sup>   7 <u>1</u> 0	lo n. Plankinton Avenue, #1200 Ilwaukee, wi 53203		
CITY-ST-ZIP	MILWAU	KEE WI			TT 65.5		CITY-S	T-ZIP	MIL			
TITLE	VS	MUCC P			DELETE	6.1	TITLE			Change Addition		
NAME		JAMES B.	112			6.2	NAME					
STREET ADDRESS		LANKINTON AVEN	UE			6.3	STREET	ADDRE	ss			
CITY-ST-ZIP	MILWAU	VEF MI				6.4	CITY-S	1- ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Mark S. Madigan Mark S. Madigan

SIGNATURE:

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فحديث بالسهوية أألأ موتونة المجلم المرسوم

Assistant Secretary 1/28/98 (414) 274-2433