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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:16

DOCUMENT # J84794 (3)

1. Corporation Name
TRILAKE DOE, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324-2630	% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324-2630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1987	3a. Date of Last Report: 02/04/1994
2. Principal Place of Business: 21 710 N. Plankinton Avenue	2a. Mailing Address: 26 c/o Young & McManus, S.C. 710 N. Plankinton Avenue
Suite, Apt. #, etc.: 22 Suite 1200	Suite, Apt. #, etc.: 27 Suite 1200
City & State: 23 Milwaukee, WI	City & State: 28 Milwaukee, WI
Zip: 24 53203 Country: 25 USA	Zip: 29 53203 Country: 30 USA
4. FEI Number: 39-1618579	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE:
(Typed or printed name of person signing) (NOTE: Registered Agent signature required where applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V	☐ Change ☒ Addition
NAME	ZILBER, JOSEPH J.	12 NAME	STEIN, GERALD	
STREET ADDRESS	710 N. PLANKINTON AVENUE	13 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY ST ZIP	MILWAUKEE WI	14 CITY ST ZIP	MILWAUKEE, WI 53203	
TITLE	P	21 TITLE	V	☐ Change ☒ Addition
NAME	WIGCHERS, ARTHUR W.	22 NAME	BORRIS, JAMES D.	
STREET ADDRESS	710 N. PLANKINTON AVE.	23 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY ST ZIP	MILWAUKEE WI	24 CITY ST ZIP	MILWAUKEE, WI 53203	
TITLE	V	31 TITLE	V	☐ Change ☒ Addition
NAME	JANZ, JAMES F.	32 NAME	BRAUN, ROBERT E.	
STREET ADDRESS	710 N. PLANKINTON AVE.	33 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY ST ZIP	MILWAUKEE WI	34 CITY ST ZIP	MILWAUKEE, WI 53203	
TITLE	VS	41 TITLE	AS	☐ Change ☒ Addition
NAME	YOUNG, JAMES B.	42 NAME	ZORDANI, JAN M.	
STREET ADDRESS	710 N. PLANKINTON AVE.	43 STREET ADDRESS	710 N. PLANKINTON AVENUE	
CITY ST ZIP	MILWAUKEE WI	44 CITY ST ZIP	MILWAUKEE, WI 53203	
TITLE	T	51 TITLE	V	☐ Change ☒ Addition
NAME	CHEVALIER, STEPHAN J.	52 NAME	SCHMITZ, RONALD N.	
STREET ADDRESS	710 N. PLANKINTON AVE.	53 STREET ADDRESS	3655 N. COASTAL HIGHWAY	
CITY ST ZIP	MILWAUKEE WI	54 CITY ST ZIP	ST. AUGUSTINE, FL 32095	
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	MADIGAN, MARK S.	62 NAME		
STREET ADDRESS	710 N. PLANKINTON AVE.	63 STREET ADDRESS		
CITY ST ZIP	MILWAUKEE WI	64 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is, effectively furnished and does not qualify for the exemptions 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 above, if changed, or on an attachment with an address.

SIGNATURE: _____ March 16, 1995 (414) 274-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)
Mark S. Madigan, Assistant Secretary

0231032 CP