2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90052 010 ***150.00

DOCUMENT # J84794

1. Entity Name
TRI-LAKE DOE, INC.

Principal Place of Business	Mailing Address
710 N PLANKINTON AVENUE SUITE 1200 MILWAUKEE WI 53203 US	710 N. PLANKINTON AVE. 1200 MILWAUKEE WI 53203 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1618579 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME ZILBER, JOSEPH J. STREET ADDRESS 710 N. PLANKINTON AVENUE CITY-ST-ZIP MILWAUKEE WI ☐ Delete	TITLE V NAME STEIN, GERALD STREET ADDRESS 710 N. PLANKINTON AVENUE, SUITE 1200 CITY-ST-ZIP MILWAUKEE, WI 53203 ☐ Change ☒ Addition
TITLE P NAME WIGCHERS, ARTHUR W. JR. STREET ADDRESS 710 N. PLANKINTON AVE. CITY-ST-ZIP MILWAUKEE WI ☐ Delete	TITLE V NAME BORRIS, JAMES D. STREET ADDRESS 710 N. PLANKINTON AVENUE, SUITE 1100 CITY-ST-ZIP MILWAUKEE, WI 53203 ☐ Change ☒ Addition
TITLE V NAME JANZ, JAMES F. STREET ADDRESS 710 N. PLANKINTON AVE. CITY-ST-ZIP MILWAUKEE WI ☐ Delete	TITLE V NAME BRAUN, ROBERT E. STREET ADDRESS 710 N. PLANKINTON AVENUE, SUITE 1000 CITY-ST-ZIP MILWAUKEE, WI 53203 ☐ Change ☒ Addition
TITLE VS NAME YOUNG, JAMES B. STREET ADDRESS 710 N. PLANKINTON AVE. CITY-ST-ZIP MILWAUKEE WI ☐ Delete	TITLE V NAME GRANDLICH, JOHN R. STREET ADDRESS 710 N. PLANKINTON AVENUE, SUITE 1100 CITY-ST-ZIP MILWAUKEE, WI 53203 ☐ Change ☒ Addition
TITLE T NAME CHEVALIER, STEPHAN J. STREET ADDRESS 710 N. PLANKINTON AVE. CITY-ST-ZIP MILWAUKEE WI ☐ Delete	TITLE AS NAME DELISLE, SANDRA J. STREET ADDRESS 710 N. PLANKINTON AVENUE, SUITE 1200 CITY-ST-ZIP MILWAUKEE, WI 53203 ☐ Change ☒ Addition
TITLE AS NAME MADIGAN, MARK S. STREET ADDRESS 710 N. PLANKINTON AVE. CITY-ST-ZIP MILWAUKEE WI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan
Assistant Secretary 01/10/02 (414) 274-2433
Date Daytime Phone #

CR2E034 (9/01)