FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K34306** **(6)**

1. Corporation Name

EDWARD GELLMAN CO., INC.

Principal Place of Business	Mailing Address
777 W. GLENCOE PLACE MILWAUKEE WI 53217	777 W. GLENCOE PLACE MILWAUKEE WI 53217

3. Date Incorporated or Qualified: **09/22/1988**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0141256** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KOPELMAN, JOEL D.
SUITE 700, TRADE CENTRE SO.
100 W. CYPRESS CREEK RD
FT LAUDERDALE FL 33309

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	GELLMAN, EDWARD N.		12 NAME		
STREET ADDRESS	4000 NE 169TH ST		13 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		14 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GELLMAN, ROSALIE		22 NAME		
STREET ADDRESS	4000 NE 169TH ST		23 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		24 CITY-ST-ZIP		
TITLE	P	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	STRAUTMANN, MARY A.		32 NAME		
STREET ADDRESS	3914 N. PROSPECT AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	SHOREWOOD WI		34 CITY-ST-ZIP		
TITLE	~~V~~	☐ DELETE	41 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	~~DUBASHINSKY, ANNA~~		42 NAME	DUBASHINSKY, ANNA	
STREET ADDRESS			43 STREET ADDRESS	5261 MOHAWK AVE	
CITY-ST-ZIP			44 CITY-ST-ZIP	GLENDALE, WI 53217	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: Edward N. Gellman 03/08/96 (914)351-1766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)