

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K40020** (5)

1. Corporation Name

EMERALD MARKETING, INC.



Principal Place of Business

C/O YOUNG & MC MANUS, S.C.
710 N PLANKINTON AVE., #1200
MILWAUKEE WI 53203
US

Mailing Address

C/O YOUNG & MC MANUS, S.C.
710 N PLANKINTON AVE., #1200
MILWAUKEE WI 53203
US

3. Date Incorporated or Qualified

10/20/1988

3a. Date of Last Report

04/07/1995

4. FEI Number

39-1631114

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1506, 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

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	☐ DELETE
2. NAME	JANZ, JAMES F	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE	
4. CITY-STATE-ZIP	MILWAUKEE WI	
1. TITLE	V	☐ DELETE
2. NAME	BORRIS, JAMES D	
3. STREET ADDRESS	710 N. PLANKINTON AVE.	
4. CITY-STATE-ZIP	MILWAUKEE WI	
1. TITLE	V	☐ DELETE
2. NAME	BRAUN, ROBERT E	
3. STREET ADDRESS	710 N. PLANKINTON AVE.	
4. CITY-STATE-ZIP	MILWAUKEE WI	
1. TITLE	AS	☐ DELETE
2. NAME	ZORDANI, JAN M	
3. STREET ADDRESS	710 N. PLANKINTON AVE.	
4. CITY-STATE-ZIP	MILWAUKEE WI	
1. TITLE	AS	☐ DELETE
2. NAME	MADIGAN, MARK S.	
3. STREET ADDRESS	710 N. PLANKINTON AVE.	
4. CITY-STATE-ZIP	MILWAUKEE WI	
1. TITLE	V	☐ DELETE
2. NAME	GERALD STEIN	
3. STREET ADDRESS	710 N. PLANKINTON AVE.	
4. CITY-STATE-ZIP	MILWAUKEE WI	

1. TITLE	D	☐ Change ☒ Addition
2. NAME	ZILBER, JOSEPH J.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
1. TITLE	P	☐ Change ☒ Addition
2. NAME	WIGCHERS, ARTHUR W.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
1. TITLE	VS	☐ Change ☒ Addition
2. NAME	YOUNG, JAMES B.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
1. TITLE	T	☐ Change ☒ Addition
2. NAME	CHEVALIER, STEPHAN J.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-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)(k), 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.

SIGNATURE:

Mark S. Madiqan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madiqan, Assistant Secretary

1/19/96 (414) 274-2433

Date

Day's in Past Year

CR2E034 (12/95)