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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90146 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K40020

1. Corporation Name
EMERALD MARKETING, INC.

Principal Place of Business
% YOUNG & MADIGAN, S.C.
710 N PLANKINTON AVE.. #1200
MILWAUKEE WI 53203
US

Mailing Address
% YOUNG & MADIGAN, S.C.
710 N PLANKINTON AVE.. #1200
MILWAUKEE WI 53203
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 39-1631114	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANZ, JAMES F.	1.2 NAME	ZILBER, JOSEPH J.
STREET ADDRESS	710 N. PLANKINTON AVENUE	1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORRIS, JAMES D	2.2 NAME	GRANDLICH, JOHN R.
STREET ADDRESS	710 N. PLANKINTON AVE.	2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, ROBERT E	3.2 NAME	YOUNG, JAMES B.
STREET ADDRESS	710 N. PLANKINTON AVE.	3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W JR	4.2 NAME	CHEVALIER, STEPHAN J.
STREET ADDRESS	710 N PLANKINTON AVE #1200	4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI 53203	4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADIGAN, MARK S.	5.2 NAME	DELISLE, SANDRA J.
STREET ADDRESS	710 N. PLANKINTON AVE.	5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GERALD STEIN	6.2 NAME	
STREET ADDRESS	710 N. PLANKINTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
Mark S. Madigan Assistant Secretary 1/18/99 (414) 274-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)