

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000083141
 1. Entity Name
 THE MENNINGER CORPORATION

Principal Place of Business Mailing Address
 9549 Castleford Point 9549 Castleford Point
 Orlando, FL 32836 Orlando, FL 32836

770880

2. Principal Place of Business 3. Mailing Address
 2. ALLAPAHA AVENUE P.O. BOX 888
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 DAVENPORT-FL DAVENPORT-FL 59-3672274 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
 33837 POLK 33836 POLK Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 Richard M. Menninger Name
 9549 Castleford Point Street Address (P.O. Box Number is Not Acceptable)
 Orlando, FL 32836 City FL Zip Code

8. This 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 _____ DATE _____
Signature, typed or printed name of registered agent and title of agent(s); (NOTE: Registered Agents Reporting multiple offices must state)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)
 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 NAME STREET ADDRESS CITY-ST-ZIP	Director Richard M. Menninger 9549 Castleford Point, Orlando, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO-DIRECTOR RICHARD M. MENNINGER 9549 CASTLEFORD POINT ORLANDO-FL-33836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George J. Kies 6519 Voltaire Drive, Orlando, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF THE BOARD DOROTHY C MENNINGER + 9549 CASTLEFORD POINT ORLANDO-FL 32836 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> DIRECTOR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT-DIRECTOR ERIC S. SCHRDEBER - SECRETARY 315 S. Delaware Ave #8 TAMPA-FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 this 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: Richard M. Menninger, CEO 5-1-01 RICHARD M. MENNINGER

RICHARD M. MENNINGER

CR2E034 (11/00)