

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03133** (6)

1. Corporation Name

**SELZER-ORNST CO.**

*[Signature]* CEO.

Principal Place of Business  
**6222 WEST STATE STREET**  
**WAUWATOSA WI 53213**

Mailing Address  
**PO BOX 13097**  
**WAUWATOSA WI 53213-0097**  
**US**



<b>2. Principal Place of Business</b> 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>08/23/1984</b>	<b>3a. Date of Last Report</b> <b>02/09/1996</b>
				<b>4. FEI Number</b> <b>39-0607000</b>	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>GRANT, MARK F.</b> <b>ONE CORPORATE PLAZA, PENTHOUSE B</b> <b>110 EAST BROWARD BLVD.</b> <b>FORT LAUDERDALE FL 33302</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORNST, ROBERT A., SR.	1.2 NAME	
STREET ADDRESS	6222 W. STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORNST, M.E.	2.2 NAME	D JAMES DORMAN
STREET ADDRESS	6222 W. STATE STREET	2.3 STREET ADDRESS	10600 W. MITCHELL
CITY-ST-ZIP	WAUWATOSA WI	2.4 CITY-ST-ZIP	WEST ALLIS WI 53214
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORNST, B.L.	3.2 NAME	
STREET ADDRESS	6222 W. STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, S.J.O.	4.2 NAME	
STREET ADDRESS	6222 W. STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORNST, ROBERT A. JR.	5.2 NAME	
STREET ADDRESS	6222 W. STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUWATOSA WI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANIS, JOHN	6.2 NAME	
STREET ADDRESS	2 PLAZA EAST SUITE 560 330 E. KILBOURN	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* CEO. 2/4/97

CR2E034 (9/96)