

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

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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03480
1. Corporation Name
Elan Investment Services, Inc.

Principal Place of Business Mailing Address
777 E. Wisconsin Avenue 777 E. Wisconsin Avenue
Milwaukee, WI 53202-5302 Milwaukee, WI 53202-5302

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1984		3a. Date of Last Report 03/03/1995	
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 39-1455383		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. 300002112343		84. City ***165.00 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 for the corporation, 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	
☐ DELETE		☒ Change ☐ Addition	
11. TITLE	12. NAME	11. TITLE	12. NAME
13. STREET ADDRESS	14. CITY - ST - ZIP	21. TITLE	22. NAME
☐ DELETE		23. STREET ADDRESS	24. CITY - ST - ZIP
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP
☐ DELETE		41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY - ST - ZIP	51. TITLE	52. NAME
☐ DELETE		53. STREET ADDRESS	54. CITY - ST - ZIP
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP
☐ DELETE		☒ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information contained 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 on Part 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith A. Guelig* **Judith A. Guelig** **3-4-97** **(414)287-3403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (9/96)

3/12/97