

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06317 (2)
1. Corporation Name
MARSHALL PROPERTIES, INC.

Principal Place of Business
P.O. BOX 840
LIMA OH 45802

Mailing Address
P.O. BOX 840
LIMA OH 45802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1985

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 105 W. MICHIGAN ST.
Suite, Apt. #, etc.

2a. Mailing Address
26 105 W. MICHIGAN ST. 4TH FLOOR
Suite, Apt. #, etc.

22 City & State
23 MILWAUKEE WI

27 City & State
28 MILWAUKEE WI

24 Zip Country
25 53203 U.S.

29 Zip Country
30 53203 U.S.

9. Name and Address of Current Registered Agent

INGLIS, JOHN S.
101 E. KENNEDY BLVD., SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	BORRA PIER C.
STREET ADDRESS	1100 SHAWNEE RD.
CITY-ST-ZIP	LIMA OH 45805
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SMITH, DENNIS R
STREET ADDRESS	1100 SHAWNEE RD
CITY-ST-ZIP	LIMA OH
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROUSH BRAD C.
STREET ADDRESS	1100 SHAWNEE ROAD
CITY-ST-ZIP	LIMA OH
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	CLARK RICHARD J.
STREET ADDRESS	1100 SHAWNEE ROAD
CITY-ST-ZIP	LIMA OH 45805
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. WESLEY CARTER
1.3 STREET ADDRESS	105 W. MICHIGAN ST.
1.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LELAND M. AUSTEN, JR.
2.3 STREET ADDRESS	105 W. MICHIGAN ST.
2.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD L. BERTRAND
3.3 STREET ADDRESS	105 W. MICHIGAN ST
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
4.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MELVIN A. RHINELANDER
4.3 STREET ADDRESS	105 W. MICHIGAN ST.
4.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203
5.1 TITLE	V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALTER A. LEVONOWICH
5.3 STREET ADDRESS	105 W. MICHIGAN ST.
5.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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. WALTER A. LEVONOWICH

SIGNATURE:

Walt A. Levonovich

V.P.

4-24-98

414-347-4404

CR2E034 (10/97)