

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

02-10-1999 90004 028 \*\*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P06772**

1. Corporation Name  
**B & G REALTY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**250 E. WISCONSIN AVE.  
 STE. 1700  
 MILWAUKEE WI 53202-4221  
 US**

Mailing Address  
**250 E WISCONSIN AVE  
 ATTN: LEGAL DEPT.  
 MILWAUKEE WI 53202  
 US**

3. Date Incorporated or Qualified  
**07/17/1985**

4. FEI Number **39-1047119** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21  Suite, Apt. #, etc.

22  City & State

23  Zip  Country

24  25  26  27  28  29  30

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

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

TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, STEPHEN</b>	
STREET ADDRESS	<b>7580 N RIVER RD</b>	
CITY-ST-ZIP	<b>RIVER HILLS WI</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KISSINGER, THOMAS F</b>	
STREET ADDRESS	<b>3260 YALE COURT</b>	
CITY-ST-ZIP	<b>BROOKFIELD WI</b>	
TITLE	<b>AVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>OLSON, BRUCE J.</b>	
STREET ADDRESS	<b>10540 N. COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>MEQUON WI</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCAS, DAVID T.</b>	
STREET ADDRESS	<b>3142 E. KENWOOD BLVD.</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, GREG</b>	
STREET ADDRESS	<b>250 EAST WISCONSIN AVENUE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NEIS, DOUGLAS A.</b>	
STREET ADDRESS	<b>250 E WISCONSIN AVE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(l), 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: \_\_\_\_\_ **REQUIRED** 1/19/99 (414) 905-1390

CR2E034 (11/98)