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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.

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

DO NOT WRITE IN THIS SPACE

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

☐

Trust Fund Contribution

\$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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AT  
NAME MARCUS, STEPHEN  
STREET ADDRESS 7580 N RIVER RD  
CITY-ST-ZIP RIVER HILLS WI

☐ DELETE

TITLE SD  
NAME KISSINGER, THOMAS F  
STREET ADDRESS 3260 YALE COURT  
CITY-ST-ZIP BROOKFIELD WI

☐ DELETE

TITLE AVPD  
NAME OLSON, BRUCE J.  
STREET ADDRESS 10540 N. COUNTRY CLUB DRIVE  
CITY-ST-ZIP MEQUON WI

☐ DELETE

TITLE AVP  
NAME LUCAS, DAVID T.  
STREET ADDRESS 3142 E. KENWOOD BLVD.  
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE P  
NAME MARCUS, GREG  
STREET ADDRESS 250 EAST WISCONSIN AVENUE  
CITY-ST-ZIP MILWAUKEE WI

☐ DELETE

TITLE T  
NAME NEIS, DOUGLAS A.  
STREET ADDRESS 250 E WISCONSIN AVE  
CITY-ST-ZIP MILWAUKEE WI 53202

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

(414) 905-1390

Daytime Phone #

CR2E034 (11/98)