## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 05, 2001 8:00 am

DOCUMENT # POG++2  1. Entity Name  B & G Realty, Inc.				Secretary of State 03-05-2001 90303 046 ***150.00				
250 E	e of Business  • Wisconsin Ave.  • kee, WI 53202	Mailing Address 250 E. Wisconsin Ave. Milwaukee, WI 53202						
250 E. Wisconsin Ave.		3. Mailing Address 250 E. Wisconsin Ave.			C0029805			
Suite, Apt. #, etc. Suite 1700		Suite, Apt. #, etc. Suite 1700			DO NOT WRITE IN THIS SPACE			
City & State	e 1 <b>kee,</b> WI	City & State Milwaukee, WI	•		El Number 39-1047119	<u> </u>	oplied For ot Applicable	
Zip 53202		Zip 53202	Country U.S.	ı	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current Re		<u> </u>		lame and Address of New Registered		<del></del>	
CT Corporation System 1200 S. Pine Island Rd. Plantation FL 33324			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Cod	е	
9. This corporation is eligible to satisfy its Intangible   FILE NOW!!!			Registered Agent signature requirements 1 FEE IS \$150.00 1 Fee will be \$550.00 e to Department of S	0	nstating) DATE  10. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be	
11.	OFFICERS AND DI	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gregory S. Marcus 250 E. Wisconsin Ave. Milwaukee, WI 53202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Bruce J. Olson 250 E. Wisconsin Ave. Milwaukee, WI 53202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Thomas F. Kissinger 250 E. Wisconsin Ave, Milwaukee, WI 53202	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Douglas A. Neis 250 E. WisconsinAAve. Milwaukee, WI 53202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address ( City-St-Zip	Asst. T/D Stephen H. Marcus 250 E. Wisconsin Ave. Milwaukee, WI 53202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐- Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 4	110 07/3/6) Florida Statuteo I further o	Change	Addition	

indicated on this report or supplemental 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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Thomas F. Kissinger, Secretary, 02/21/01, SIGNATURE AND TYPED OR PRHYTED NAME OF SIGNING OFFICER OR DIRECTOR (414)<u>905-1390</u> Daytime Phone #