

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 041 ***150.00

DOCUMENT # P12482

1. Corporation Name
PAGE NATIONAL, INC.

Principal Place of Business
11721 W. CARMEN AVENUE
MILWAUKEE WI 53225

Mailing Address
11721 W. CARMEN AVENUE
MILWAUKEE WI 53225



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1986

4. FEI Number

39-1204359

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 11611 W. North Avenue
Suite, Apt. #, etc.

22 Suite #200
City & State

23 Wauwatosa, WI

Zip Country
24 53226 25 USA

2a. Mailing Address

26 11611 W. North Avenue
Suite, Apt. #, etc.

27 Suite #200
City & State

28 Wauwatosa, WI

Zip Country
29 53226 30 USA

9. Name and Address of Current Registered Agent

SANDERS, JOHN A.
111 N. ORANGE AVENUE
SUITE 1800
ORLANDO FL 32802

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 PD ☐ DELETE
NAME HEYRMAN, JAMES F.
STREET ADDRESS 11721 W. CARMEN AVE.
CITY-ST-ZIP MILWAUKEE WI

TITLE AS ☐ DELETE
NAME WENDLAND, GWEN
STREET ADDRESS 11721 W. CARMEN AVE.
CITY-ST-ZIP MILWAUKEE WI

TITLE ST ☐ DELETE
NAME BOURQUE, PAMELA
STREET ADDRESS 11721 W. CARMEN AVE.
CITY-ST-ZIP MILWAUKEE WI

TITLE VD ☐ DELETE
NAME HEYRMAN, MARK
STREET ADDRESS 11721 W. CARMEN AVE.
CITY-ST-ZIP MILWAUKEE WI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☒ Change ☐ Addition
1.2 NAME James F. Heyrman
1.3 STREET ADDRESS 11611 W. North Avenue, Suite #200
1.4 CITY-ST-ZIP Wauwatosa, WI 53226

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 11611 W. North Avenue, Suite #200
2.4 CITY-ST-ZIP Wauwatosa, WI 53226

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME President
3.3 STREET ADDRESS Pamela Bourque
3.4 CITY-ST-ZIP 11611 W. North Avenue, Suite #200
Wauwatosa, WI 53226

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 11611 W. North Avenue, Suite #200
4.4 CITY-ST-ZIP Wauwatosa, WI 53226

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)(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, with all other like empowered.

SIGNATURE:

PAMELA BOURQUE
President

2/2/99

Date

414-353-8633

Daytime Phone #

CR2E034 (11/98)