

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90035 031 \*\*\*150.00

**DOCUMENT # P12482**

1. Entity Name: **PAGE NATIONAL, INC.**

**PAGE NATIONAL, INC.**

Principal Place of Business 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226	Mailing Address 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226-2100
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number **39-1204359**  Applied For  
 Not Applied

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HEYRMAN, JAMES F.</b>	
STREET ADDRESS	<b>11611 W. NORTH AVE STE 200</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53226</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WENDLAND, GWEN</b>	
STREET ADDRESS	<b>11611 W. NORTH AVE STE 200</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53226</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOURQUE, PAMELA</b>	
STREET ADDRESS	<b>11611 W. NORTH AVE STE 200</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53226</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HEYRMAN, MARK</b>	
STREET ADDRESS	<b>11611 W. NORTH AVE STE 200</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53226</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>AS</b>	<input type="checkbox"/> Change
NAME	<b>John Heyrman</b>	
STREET ADDRESS	<b>11611 W North Ave Suite 200</b>	
CITY-ST-ZIP	<b>Wauwatosa, WI 53226</b>	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 trustee 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.

SIGNATURE: Pamela Bourque Date: 2/2/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 414 976-0779