

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0687450

DOCUMENT # P12482

1. Entity Name

PAGE NATIONAL, INC.

03-14-2001 90491 003 ***150.00

Principal Place of Business 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226	Mailing Address 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226
------------------------------------------------------------------------------------	------------------------------------------------------------------------

2. Principal Place of Business 11721 W Carmen Ave Suite, Apt. #, etc.	3. Mailing Address 11721 W Carmen Ave Suite, Apt. #, etc.
-----------------------------------------------------------------------------	-----------------------------------------------------------------

City & State Milwaukee, WI	City & State Milwaukee, WI	4. FEI Number 39-1204359	Applied For Not Applicable
Zip 53225	Country Milw	Zip 53225	Country Milw



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEYRMAN, JAMES F. 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOURQUE, PAMELA 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEYRMAN, MARK 11611 W. NORTH AVE STE 200 MILWAUKEE WI 53226	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEYRMAN, JOHN 11611 W NORTHAVE STE 200 MILWAUKEE WI 53226	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 another like empowered.

SIGNATURE: DATE: 2/22/01 DAYTIME PHONE #: 414 353 3300

CR2E034 (10/00)