

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12482

Entity Name: PAGE NATIONAL, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

11721 W CARMEN AVE
MILWAUKEE, WI 53225

New Principal Place of Business:

Current Mailing Address:

11721 W CARMEN AVE
MILWAUKEE, WI 53225

New Mailing Address:

FEI Number: 39-1204359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HEYRMAN, JAMES F.,
Address: 11611 W. NORTH AVE STE 200
City-St-Zip: MILWAUKEE, WI 53226

Title: P () Delete
Name: BOURQUE, PAMELA
Address: 11611 W. NORTH AVE STE 200
City-St-Zip: MILWAUKEE, WI 53226

Title: VD () Delete
Name: HEYRMAN, MARK,
Address: 11611 W. NORTH AVE STE 200
City-St-Zip: MILWAUKEE, WI 53226

Title: AS () Delete
Name: HEYRMAN, JOHN
Address: 11611 W. NORTH AVE STE 200
City-St-Zip: MILWAUKEE, WI 53226

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: HEYRMAN, JAMES F.,
Address: 11611 W. NORTH AVE STE 200
City-St-Zip: MILWAUKEE, WI 53226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: WENDLAND, GWEN
Address: 11611 W NORTH AVE SUITE 200
City-St-Zip: MILWAUKEE, WI 53226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BOURQUE

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01/07/2004

Electronic Signature of Signing Officer or Director

Date