

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY - 1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23595 (2)

1. Corporation Name

UHI, INC.

Principal Place of Business

Mailing Address

105 W MICHIGAN ST.
ATTN: LEGAL DEPARTMENT
MILWAUKEE WI 53203

105 W MICHIGAN ST.
ATTN: LEGAL DEPARTMENT
MILWAUKEE WI 53203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/27/1989

04/29/1994

4. FEI Number

98-0066268

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-electing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SMITH, GUY W.
STREET ADDRESS	105 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	VD
NAME	AUSTIN, LELAND M. JR.
STREET ADDRESS	105 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	S
NAME	RHINELANDER, MELVIN A.
STREET ADDRESS	2200 YONGE ST..
CITY - ST - ZIP	TORONTO ONT. CAN.
TITLE	VTD
NAME	DINAUER, THOMAS A.
STREET ADDRESS	105 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	AS
NAME	CARTER, ROCH
STREET ADDRESS	105 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	V
NAME	ABRAMOWSKI, ROBERT J.
STREET ADDRESS	105 W. MICHIGAN ST.
CITY - ST - ZIP	MILWAUKEE WI

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. - CFO

5-11-95

414-347-4405

Date

Telephone