FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25099** **(3)**

1. Corporation Name

LAUB GROUP, INC. IL

Principal Place of Business	Mailing Address
1555 N. RIVERCENTER DRIVE P. O. BOX 12950 MILWAUKEE WI 53212-7950	1555 N. RIVERCENTER DRIVE P. O. BOX 12950 MILWAUKEE WI 53212-7950

3. Date Incorporated or Qualified: **07/07/1989**
3a. Date of Last Report: **05/26/1995**

4. FEI Number: **39-1632417** ☐ 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 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT E SR
4000 HOLLYWOOD BLVD
STE 625 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 of new registered agent required if applicable) DATE

12. OFFICERS AND DIRECTORS		
TITLE	CEOP	☐ DELETE
NAME	LAUB, RAYMOND H	
STREET ADDRESS	1555 N RIVERCTR DR STE 203	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	CFOT	☐ DELETE
NAME	LOOMIS, DAVID J	
STREET ADDRESS	1555 N RIVERCTR DR STE 203	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	S	☐ DELETE
NAME	VOORHORST, NORMA	
STREET ADDRESS	1555 N. RIVERCENTER DR	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	☐ DELETE
NAME	STEVOFF, GEORGE	
STREET ADDRESS	1555 RIVERCTR DR STE 203	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	COOV	☐ DELETE
NAME	WILLIAMS, ROBERT E S	
STREET ADDRESS	4000 HOLLYWOOD BLVD STE 625 SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] VP/CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID J. LOOMIS

4/11/96 DATE 414-220-4820 DAYTIME PHONE #

CR2E034 (12/95)