

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25099 (3)

1. Corporation Name
LAUB GROUP, INC. IL

Principal Place of Business 1555 N. RIVERCENTER DRIVE P. O. BOX 12950 MILWAUKEE WI 53212-7950	Mailing Address 1555 N. RIVERCENTER DRIVE P. O. BOX 12950 MILWAUKEE WI 53212-7950
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1989

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	Pres. & CEO
NAME	LAUB, RAYMOND H	1.2 NAME	Robert E. Williams
STREET ADDRESS	1555 N RIVERCTR DR STE 203	1.3 STREET ADDRESS	4000 Hollywood Blvd. #625 S
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	CFOT	2.1 TITLE	Sr.VP/CFO/Treas/Secy
NAME	LOOMIS, DAVID J	2.2 NAME	David J. Loomis
STREET ADDRESS	1555 N RIVERCTR DR STE 203	2.3 STREET ADDRESS	1555 N.RiverCtr Dr.Ste 203
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	Milwaukee, WI. 53212
TITLE	S	3.1 TITLE	Chr/Board
NAME	VOORHORST, NORMA	3.2 NAME	Raymond H. Laub
STREET ADDRESS	1555 N. RIVERCENTER DR	3.3 STREET ADDRESS	1555 RiverCtr.Dr. #203
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	Milwaukee, WI. 53212
TITLE	D	4.1 TITLE	
NAME	STEOFF, GEORGE	4.2 NAME	
STREET ADDRESS	1555 RIVERCTR DR STE 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	
TITLE	COOV	5.1 TITLE	Sr. Exec. V-P
NAME	WILLIAMS, ROBERT E S	5.2 NAME	Peter S. Forker
STREET ADDRESS	4000 HOLLYWOOD BLVD STE 625 SO	5.3 STREET ADDRESS	1701 Golf Rd.St. 600
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	Rolling meadows, IL. 60008
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Robert E. Williams Sr VP/CFO

4/14/98 414-220-4800

CR2E034 (10/97)