SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:48

DOCUMENT # P38019 (6)

1. Corporation Name

GUEST HOUSE INN-APPLETON, INC.

Principal Place of Business
250 EAST WISCONSIN AVENUE
SUITE 1700
MILWAUKEE WI 53202-4221
US

Mailing Address
250 EAST WISCONSIN AVENUE
SUITE 1700
MILWAUKEE WI 53202-4221
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 39-1131375 ☐ 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 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ___ DATE ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	P/T/D (XX Change ☐ Addition)
NAME	MARCUS, STEPHEN	NAME	Stephen Marcus
STREET ADDRESS	212 W. WISCONSIN AVE.	STREET ADDRESS	250 East Wisconsin Avenue, Suite 1700
CITY-ST-ZIP	MILWAUKEE WI	CITY-ST-ZIP	Milwaukee, Wisconsin 53202
TITLE	SD	TITLE	VP (☐ Change XX Addition)
NAME	IRWIN, ROBIN J. ← Please Delete 2nd Request	NAME	David T. Lucas
STREET ADDRESS	212 W. WISCONSIN AVE.	STREET ADDRESS	250 East Wisconsin Avenue, Suite 1700
CITY-ST-ZIP	MILWAUKEE WI	CITY-ST-ZIP	Milwaukee, Wisconsin 53202
TITLE	SD	TITLE	SD (XX Change ☐ Addition)
NAME	KISSINGER, THOMAS F.	NAME	Thomas F. Kissinger
STREET ADDRESS	6941 NORTH GLEN SHORE DRIVE	STREET ADDRESS	250 East Wisconsin Avenue, Suite 1700
CITY-ST-ZIP	GLENDALE WI	CITY-ST-ZIP	Milwaukee, Wisconsin 53202
TITLE		TITLE	(☐ Change ☐ Addition)
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	(☐ Change ☐ Addition)
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	(☐ Change ☐ Addition)
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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)(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: [signature] Thomas F. Kissinger, Secretary 6/20/95 (414) 274-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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