FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40298** **(2)**

1. Corporation Name
GEOCODE, INC.

Principal Place of Business	Mailing Address
2612 LONDON ROAD EAU CLAIRE WI 54701	2612 LONDON ROAD EAU CLAIRE WI 54701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/02/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	39-1626355	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAZ, MANUEL % ADPROM CORP 6410 NW 82ND AVENUE MIAMI FL 33166	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☒ Addition
NAME	HINES, MICHAEL A.	12 NAME	HINES, ELENA
STREET ADDRESS	3629 S. ANITA DRIVE	13 STREET ADDRESS	3629 S. ANITA DRIVE
CITY-ST-ZIP	EAU CLAIRE WI	14 CITY-ST-ZIP	EAU CLAIRE, WI 54701
TITLE	~~STD~~	21 TITLE	STD ☒ Change ☐ Addition
NAME	~~JOHNSON, WILLIAM B.~~	22 NAME	HINES, MICHAEL A.
STREET ADDRESS	~~P.O. BOX 810 (NA)~~	23 STREET ADDRESS	3629 S. ANITA DRIVE
CITY-ST-ZIP	~~HAYWARD, WI 54843~~	24 CITY-ST-ZIP	EAU CLAIRE, WI 54701
TITLE	~~V~~	31 TITLE	☒ Change ☐ Addition
NAME	~~SOUBA, FRED~~	32 NAME	
STREET ADDRESS	~~P.O. BOX 810 (NA)~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~HAYWARD, WI 54843~~	34 CITY-ST-ZIP	NONE
TITLE	~~D~~	41 TITLE	☒ Change ☐ Addition
NAME	~~STEIGERWALDT, EDWARD~~	42 NAME	
STREET ADDRESS	~~856 N. FOURTH STREET~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~TOMAHAWK WI 54487~~	44 CITY-ST-ZIP	NONE
TITLE	~~D~~	51 TITLE	☒ Change ☐ Addition
NAME	~~STEIGERWALDT, WILLIAM~~	52 NAME	
STREET ADDRESS	~~856 N. FOURTH STREET~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~TOMAHAWK WI 54487~~	54 CITY-ST-ZIP	NONE
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Michael A Hines 4/11/95 (715) 834-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D40298 FN