

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

DOCUMENT # **P40715** (5)

1. Corporation Name
DCI MARKETING, INC.

Principal Place of Business Mailing Address
P.O. BOX 92910- MILWAUKEE WI 53202-0910 **P.O. BOX 92910 MILWAUKEE WI 53202-0910**

APPROVED AND FILED
95 MAR 27 PM 3:24
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1992** 3a. Date of Last Report **06/01/1994**

4. FEI Number **NOT APPLICABLE** 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 **2727 W. GOOD HOPE ROAD** 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVPT
NAME	MARSHALL, PETER C
STREET ADDRESS	2727 W. GOOD HOPE RD.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	D
NAME	KNOX, WILLIAM D
STREET ADDRESS	28 MILLWALKEE AVE WEST
CITY - ST - ZIP	FT ATKINSON WI
TITLE	S
NAME	GODFREY, DUDLEY J., JR.
STREET ADDRESS	780 NORTH WATER STREET
CITY - ST - ZIP	MILWAUKEE WI
TITLE	T
NAME	MARSHALL, PETER C
STREET ADDRESS	2727 W. GOOD HOPE RD.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	D
NAME	REX, ROGER
STREET ADDRESS	5163 KESTRAL PARK LANE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	KNOX II, W DAVID
STREET ADDRESS	777 E. WISCONSIN AVE.
CITY - ST - ZIP	MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		53209
2.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	MILWAUKEE	
2.4 CITY - ST - ZIP		53538-0801
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		53202-3590
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		53209
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		34431
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		53202-5367

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)(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: *Peter C. Marshall* **3/15/95** **AIA 628-7000**
DATE: _____ TITLE: _____

Peter C. Marshall