

**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 # **P40715 (5)**  
1. Corporation Name  
**DCI MARKETING, INC.**



Principal Place of Business: **2727 W GOOD HOPE ROAD MILWAUKEE WI 53202-0910 US**  
Mailing Address: **P.O. BOX 92910 MILWAUKEE WI 53202-0910**

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip, Country  
24. 25. 26. 27. 28. 29. 30. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

3. Date Incorporated or Qualified: **09/30/1992**  
3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **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

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, PETER C	1.2 NAME	
STREET ADDRESS	2727 W. GOOD HOPE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	53209-2091
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, WILLIAM D	2.2 NAME	
STREET ADDRESS	28 MILLWALKEE AVE WEST	2.3 STREET ADDRESS	28 MILWAUKEE AVE WEST
CITY-ST-ZIP	FT ATKINSON WI	2.4 CITY-ST-ZIP	53538-0801
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, DUDLEY J. JR.	3.2 NAME	
STREET ADDRESS	780 NORTH WATER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	53202-3590
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, PETER C	4.2 NAME	
STREET ADDRESS	2727 W. GOOD HOPE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	53209-2091
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REX, ROGER	5.2 NAME	
STREET ADDRESS	5163 KESTRAL PARK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	34231
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX II, W DAVID	6.2 NAME	
STREET ADDRESS	777 E. WISCONSIN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 67	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 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: \_\_\_\_\_ DATE: **1/31/96** DAYTIME PHONE #: **414-228-7000**

CR2E034 (12/95)