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Feb 26 1997 8:00am
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 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
2727 W. Good Hope Road Milwaukee, WI 53209-2091
P.O. Box 92910 Milwaukee, WI 53202-0910

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/30/1992	03/27/1995
22	27	4. FEI Number	Applied For
23	28	NOT APPLICABLE	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	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	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation 1200 South Pine Island Road Plantation, FL 33324	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 in conformity 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, Peter C	1.2 NAME	
STREET ADDRESS	2727 W. Good Hope Road	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Milwaukee, WI 53209-2091	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knox, William D	2.2 NAME	
STREET ADDRESS	28 Milwaukee Avenue West	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Ft. Atkinson, WI 53538-0801	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Godfrey, Dudley J., Jr.	3.2 NAME	
STREET ADDRESS	780 N. Water Street	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Milwaukee, WI 53202-3590	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rex, Roger	4.2 NAME	
STREET ADDRESS	5163 Kestral Park Lane	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Sarasota, FL 34231	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knox II, W. David	5.2 NAME	
STREET ADDRESS	777 E. Wisconsin Avenue	5.3 STREET ADDRESS	
CITY-STATE-ZIP	Milwaukee, WI 53202-5367	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-ST-ZIP	

2/26/97

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14. I do 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter C. Marshall, President

Date: 2/14/97 Daytime Phone: (414) 228-7000

CR2E034 (9/96)