

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40715 (5)**

1. Corporation Name  
**DCI MARKETING, INC.**



Principal Place of Business <b>2727 W GOOD HOPE ROAD MILWAUKEE WI 53209-2091 US</b>	Mailing Address <b>P.O. BOX 92910 MILWAUKEE WI 53202-0910</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>09/30/1992</b>	
<b>4.</b> FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSHALL, PETER C</b>	
STREET ADDRESS	<b>2727 W GOOD HOPE ROAD</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53209-2091</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOX, WILLIAM D</b>	
STREET ADDRESS	<b>28 MILWAUKEE AVENUE WEST</b>	
CITY-ST-ZIP	<b>FT ATKINSON WI 53538-0801</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GODFREY, DUDLEY J., JR.</b>	
STREET ADDRESS	<b>780 NORTH WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202-3590</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSHALL, PETER C</b>	
STREET ADDRESS	<b>2727 W. GOOD HOPE RD.</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REX, ROGER</b>	
STREET ADDRESS	<b>5163 KESTRAL PARK LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOX II W. DAVID</b>	
STREET ADDRESS	<b>777 E. WISCONSIN AVE.</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202-5367</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Doucette, Nan M.</b>	
4.3 STREET ADDRESS	<b>2727 W. Good Hope Rd.</b>	
4.4 CITY-ST-ZIP	<b>Milwaukee WI 53209-2091</b>	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Roger Rex is no longer a director.</b>	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** I 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 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 \_\_\_\_\_

CR2E034 (10/97)