

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90047 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P40715**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2727 W GOOD HOPE ROAD  
 MILWAUKEE WI 53209-2091  
 US**

Mailing Address  
**P.O. BOX 92910  
 MILWAUKEE WI 53202-0910**

3. Date Incorporated or Qualified  
**09/30/1992**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, PETER C</b>	1.2 NAME	
STREET ADDRESS	<b>2727 W GOOD HOPE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI 53209-2091</b>	1.4 CITY-ST-ZIP	<b>53202-0910</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOX, WILLIAM D</b>	2.2 NAME	
STREET ADDRESS	<b>28 MILWAUKEE AVENUE WEST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT ATKINSON WI 53538-0801</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODFREY, DUDLEY J., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>780 NORTH WATER STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202-3590</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V.P. FINANCE</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOUCETTE NAN M</b>	4.2 NAME	
STREET ADDRESS	<b>2727 W GOOD HOPE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI 53209-2091</b>	4.4 CITY-ST-ZIP	<b>53202-0910</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOX II W. DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>777 E. WISCONSIN AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202-5367</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>SN V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>ALAN J. LA FRENIERE</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2727 W. GOOD HOPE RD</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MILWAUKEE, WI 53202-0910</b>

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, with all other like empowered.

SIGNATURE: *Mike K... UEM KED BOARD* 1/11/99 414 228 3477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE DAYTIME PHONE #

CR2E034 (11/98)