

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092956 (9)

1. Corporation Name

PENDA ROO HOLDING CORPORATION

Principal Place of Business

C/O TRIVEST, INC.  
2665 S. BAYSHORE DRIVE, STE 800  
MIAMI FL 33133-5401

Mailing Address

C/O TRIVEST, INC.  
2665 S. BAYSHORE DRIVE, STE 800  
MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

4. FEI Number

39-1808928

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KLEIN, PETER W.  
2665 S. BAYSHORE DRIVE, SUITE 800  
MIAMI FL 33131

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

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME BROCKWAY, PETER C  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 800  
CITY-ST-ZIP MIAMI FL

TITLE DT ☒ DELETE

NAME BLUME, MARK J.  
STREET ADDRESS 2344 W WISCONSIN ST  
CITY-ST-ZIP PORTAGE WI

TITLE DVP ☒ DELETE

NAME KNUTSON, BRUCE D  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 800  
CITY-ST-ZIP MIAMI FL

TITLE VP ☒ DELETE

NAME MYDLOWSKI, GERARD T.  
STREET ADDRESS 2344 W WISCONSIN ST  
CITY-ST-ZIP PORTAGE WI

TITLE S ☐ DELETE

NAME KLEIN, PETER W.  
STREET ADDRESS 2665 S BAYSHORE DR STE 800  
CITY-ST-ZIP MIAMI FL

TITLE AS ☐ DELETE

NAME KUFFNER, MARILYN D.  
STREET ADDRESS 2665 S BAYSHORE DR STE 800  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME CEO/P/D  
Jack L. Thompson  
1.3 STREET ADDRESS 2344 W. Wisconsin Street  
1.4 CITY-ST-ZIP Portage, WI 53901

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D  
Leo E. Waner  
2.3 STREET ADDRESS 2344 W. Wisconsin Street  
2.4 CITY-ST-ZIP Portage, WI 53901

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attached report with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn D. Kuffner, Asst. Sec.

4/28/98 305/858-2000

CR2E034 (10/97)

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000007390 (5)**  
1. Corporation Name  
**PENDA CORPORATION**



Principal Place of Business

**2655 S. BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133**

Mailing Address

**2655 S. BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/31/1994**

4. FEI Number

**65-0463658**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**KLEIN, PETER W  
2665 S BAYSHORE DR  
SUITE 800  
MIAMI FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D BLANK, ROBERT D**  
STREET ADDRESS **209 S. LASALLE-12 FLOOR**  
CITY-ST-ZIP **CHICAGO IL 60604-1295**

TITLE ☐ DELETE  
NAME **S KLEIN, PETER W.**  
STREET ADDRESS **2665 S BAYSHORE DR 8TH FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **D BROCKWAY, PETER C**  
STREET ADDRESS **2665 S. BAYSHORE DR. STE. 800**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE  
NAME **D GEORGE, PHILLIP T MD**  
STREET ADDRESS **2665 S. BARSHORE DR. STE. 800**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE  
NAME **D SMITH, THOMAS J**  
STREET ADDRESS **2665 S. BAYSHORE DR.**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE  
NAME **OX POWELL, EARL W**  
STREET ADDRESS **2665 S. BARSHORE DR. STE. 800**  
CITY-ST-ZIP **MIAMI FL 33183**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D/CEO/P**  
3.3 STREET ADDRESS **Jack L. Thompson**  
3.4 CITY-ST-ZIP **2344 W. Wisconsin Street**  
**Portage, WI**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **4365 Steiner Street**  
5.4 CITY-ST-ZIP **St. Bonifacius, MN**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D**  
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:

, MarilynD. Kuffner, Secy 4-28-98 (305)858-2200

CR2E034 (10/97)