

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000029166

FILED
Sep 10, 2003
Secretary of State

Entity Name: MURDOCK CENTER INVESTMENT CORPORATION

Current Principal Place of Business:

1170 3RD ST., SUITE C206
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1170 3RD ST., SUITE C206
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0833659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

BAXTER, MARY P
C/O CASTO SOUTHEAST
401 N. CATTLEMEN ROAD, SUITE 108
SARASOTA, FL 34232 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY PATRICIA BAXTER

09/10/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, EDWARD A
Address: 1350 FOX RIVER DR.
City-St-Zip: DEPERE, WI 54115

Title: PD () Delete
Name: CLANCY, DONALD E
Address: 2611 LIBAL ST
City-St-Zip: GREEN BAY, WI 54301

Title: D () Delete
Name: BELL, BRUCE
Address: 958 HICKORY AVENUE
City-St-Zip: DE PERE, WI 54115

Title: D () Delete
Name: CONWAY, GREGORY B
Address: 2481 LOST DAUPHIN RD
City-St-Zip: DE PERE, WI 54115

Title: SD () Delete
Name: HEYRMAN, JAMES F
Address: 6075 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. THOMPSON

D

09/10/2003

Electronic Signature of Signing Officer or Director

Date