
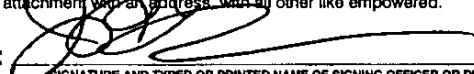


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90017 030 ***150.00

DOCUMENT # P98000068828					
1. Entity Name TOWNE DEVELOPMENT OF UNIVERSITY PARKWAY, INC.					
Principal Place of Business 710 N PLANKINTON AVE, SUITE 1200 MILWAUKEE, WI 53203		Mailing Address 710 N PLANKINTON AVE, SUITE 1200 MILWAUKEE, WI 53203			
2. Principal Place of Business 8430 Enterprise Circle		3. Mailing Address			
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc.			
City & State Bradenton, FL		City & State		4. FEI Number 39-1937329	
Zip 34202		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J		NAME	SEE ATTACHED LIST FOR ADDITIONAL OFFICERS	
STREET ADDRESS	710 N PLANKINTON AVE, #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W JR		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	SRV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANZ, JAMES F		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JAMES B		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELISLE, SANDRA J		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	V/AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADIGAN, MARK S		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		James B. Young, Vice President		01/31/05 414-274-2421	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40019421



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 39-1937329 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J		NAME	SEE ATTACHED LIST FOR ADDITIONAL OFFICERS	
STREET ADDRESS	710 N PLANKINTON AVE, #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W JR		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	SRV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANZ, JAMES F		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JAMES B		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELISLE, SANDRA J		NAME		
STREET ADDRESS	710 N PLANKINTON AVE., #1200		STREET ADDRESS		
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TITLE	V/AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADIGAN, MARK S		NAME		
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CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  James B. Young, Vice President 01/31/05 414-274-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40019421

TOWNE DEVELOPMENT OF UNIVERSITY PARKWAY, INC.

DOCUMENT #P98000068828

Additional Directors/Officers:

V

BORRIS, JAMES D.
710 N. PLANKINTON AVE., SUITE # 1100
MILWAUKEE, WI 53203

FV

BRAUN, ROBERT E.
710 N. PLANKINTON AVE., SUITE #1000
MILWAUKEE, WI 53203

V

GRANDLICH, JOHN R.
710 N. PLANKINTON AVE., SUITE #1100
MILWAUKEE, WI 53203

V

KEARNEY, KITT E R.
8430 ENTERPRISE CIRCLE, SUITE #100
BRADENTON, FL 34202

EV

STEIN, GERALD M.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203

V

CHEVALIER, STEPHAN J.
710 N. PLANKINTON AVE., SUITE #1200
MILWAUKEE, WI 53203