

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048253

1. Entity Name

CENTRES GROUP MADISON GP, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90453 029 ***150.00

Principal Place of Business C/O CENTRES, INC. 3315 N 124TH ST. SUITE E BROOKFIELD WI 53005	Mailing Address C/O CENTRES, INC. 3315 N 124TH ST. SUITE E BROOKFIELD WI 53005-3105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address C/O Centres, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2 Dattran Center, Suite 1528	
City & State		City & State 9130 S Dadeland Blvd. Miami, FL	
Zip 33156	Country USA		

4. FEI Number 39-1963922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHEVIN, ARNOLD D TWO DATRAN CENTER, SUITE 1528 9130 S DADELAND BLVD MIAMI FL 33156
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, KENNETH B 9130 S DADELAND BLVD, SUITE 1528 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle M. Norris, Vice President

Date 3/30/00 262/781-8760 Daytime Phone #

CR2E034 (9/99)