

**CORPORATION  
ANNUAL REPORT  
1995**



Barbara B. Berman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**DOCUMENT # F94000005121 (8)**

**95 MAY -1 PM 11:24**

1. Corporation Name  
**THE BRIGHTER SIDE, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**4900 N. LILLY RD. 4900 N. LILLY RD.  
MENOMONEE FALLS WI 53051 MENOMONEE FALLS WI 53051**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/03/1984** 3a. Date of Last Report **10/3/94**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **39-1435511** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

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

City & State City & State  
**23** **28**

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

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GUNTHER, LOUIS E  
2230 GILLIS CT.  
MAITLAND FL 32751**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE                      | <b>PD</b>                    |
| NAME                       | <b>TENDICK, J. MICHAEL</b>   |
| STREET ADDRESS             | <b>36082 N. BEACH RD.</b>    |
| CITY - ST - ZIP            | <b>OCONOMOWOC WE 53068</b>   |
| TITLE                      | <b>V</b>                     |
| NAME                       | <b>KISIELEWSKI, LOUIS J</b>  |
| STREET ADDRESS             | <b>13400 W. FOREST DR.</b>   |
| CITY - ST - ZIP            | <b>NEW BERLIN WI 53151</b>   |
| TITLE                      | <b>SD</b>                    |
| NAME                       | <b>TENDICK, ROSEMARY</b>     |
| STREET ADDRESS             | <b>3685 EMBERWOOD DR.</b>    |
| CITY - ST - ZIP            | <b>BROOKFIELD WI 53005</b>   |
| TITLE                      | <b>T</b>                     |
| NAME                       | <b>RISCH, THOMAS J</b>       |
| STREET ADDRESS             | <b>900 S. APPLE TREE LN.</b> |
| CITY - ST - ZIP            | <b>BROOKFIELD WI 53005</b>   |
| TITLE                      | <b>D</b>                     |
| NAME                       | <b>TENDICK, DONALD W SR</b>  |
| STREET ADDRESS             | <b>3685 EMBERWOOD DR.</b>    |
| CITY - ST - ZIP            | <b>BROOKFIELD WI 53005</b>   |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY - ST - ZIP            |                              |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME  |   |
| 1 3 STREET ADDRESS                                    |   |
| 1 4 CITY - ST - ZIP                                   |   |
| 2 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME  |   |
| 2 3 STREET ADDRESS                                    |   |
| 2 4 CITY - ST - ZIP                                   |   |
| 3 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME  |   |
| 3 3 STREET ADDRESS                                    |   |
| 3 4 CITY - ST - ZIP                                   |   |
| 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME  |   |
| 4 3 STREET ADDRESS                                    |   |
| 4 4 CITY - ST - ZIP                                   |   |
| 5 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME  |   |
| 5 3 STREET ADDRESS                                    |   |
| 5 4 CITY - ST - ZIP                                   |   |
| 6 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME  |   |
| 6 3 STREET ADDRESS                                    |   |
| 6 4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis J. Kisielewski* / **LOUIS J. KISIELEWSKI** **4/25/95** **(414) 781-9590**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR