YELLOW CAB OF MILWAUKEE, INC

Jim R. Copeland
License Division Manager
200 E. Wells St., Rm 105
Milwaukee, WI 53202

Dear Mr. Copeland:

I am requesting a hearing before the Utilities & License Committee for the following reasons:

1) To be allowed to operate a radio dispatching company under the name of **"Yellow Cab of Milwaukee, Inc."**
2) To be allowed to operate under the color "white".

Currently the City of Milwaukee Ordinance 100-51-7 (a-4) reserves the color "white" to Mitchell International Taxicab Association. MITA has been out of business for the past four years and we, Yellow Cab of Milwaukee, Inc. would like to be delegated the color white.

I would appreciate your handling this matter as expeditiously as possible.

Thank you!

Sincerely,

Michael L. Sanfelippo, President
Yellow Cab of Milwaukee, Inc.

CITY OF MILWAUKEE
LICENSE DIVISION
2003 May 1 AM 9:20

2nd QUARTER

STATE OF WISCONSIN
WISCONSIN DOMESTIC CORPORATION ANNUAL REPORT

DUE June 30, 2003

FILING FEE $ 40.00

SAVE MONEY
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01 Domestic Business H033984

YELLOW CAB OF MILWAUKEE, INC.
JOHN J GERMANOTTA
1700 N FARWELL AVE
MILWAUKEE WI 53206-1806

Registered Agent

Street Address (required)

PO Box (optional)

City, State, Zip Code

This form is addressed to the corporation's registered agent. If a chan agent or agent's address is desired, indicate those changes above.Th address of the registered office and the business office of the register agent, as changed, will be identical.

Report "FILED" by indexing of locator number for the report year: 04/01/2003 - 03/31/2004

1 Principal office address (If data shown in item 1 is incorrect, line out and enter changes.)

646 S 2ND ST

MILWAUKEE WI 53204

Make check payable to:
Department of Financial Institutions
Mail to: Drawer 554
Milwaukee WI 53293-0554

2 NAMES & BUSINESS ADDRESSES OF PRINCIPAL OFFICERS, & ALL DIRECTORS / IF ANSWER TO ANY ITEM IS NONE, SO STATE (add additional sheets, if necessary.)

TITLE	NAME	RESPECTIVE ADDRESSES (give Street & Number, City, State, & Zip coc
President	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204
Vice President		
Secretary	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204
Treasurer	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204
3 BOARD OF DIRECTORS	Michael L. Sanfelippo	646 South 2nd Street, Milwaukee, WI 53204

4 Describe the general nature of business:

____ MANUFACTURING
____ RETAIL
____ AGRICULTURAL
X Cab Business
(OTHER - please specify)

5 All boxes must be completed

6

	CLASS	SERIES (IF ANY)	NUMBER OF SHARES
STOCK AUTHORIZED	common	N/A	9,000
	preferred		
STOCK ISSUED & OUTSTANDING	common	N/A	100
	preferred		

7 The corporation has not entered into any combination, conspiracy, trust, pool, agreement or contract intended to restrain or prevent competition in the suppl or price of any article or commodity in general use in this state, or constituting a subject of trade or commerce therein, or which shall in any manner control the price of any such article or commodity, fix the price thereof, limit or fix the amount or quantity thereof to be manufactured, mined, produced or sold in saic state, or fix any standard or figure by which its price shall be in any manner controlled or established.

FOR THE CORPORATION:
BY:

Signature of Officer ____ Date ____

Printed Name ____ Title ____

THIS ANNUAL REPORT FORM 16 is authorized by s.18(Stats.,and is a REQUIRED REPORT under s.180.1622, Stats. Fa file may result in administrative dissolution of the corporation. Upor the data in the report becomes public and might be used for pu other than for which it was originally collected.

DFI/CORP/ARMM-EnoticeYOD2 (07/2002)