

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **852554** (5)

1. Corporation Name

**CAMPBELL, NEWMAN, POTTINGER & ASSOCIATES, INC.**

95 JAN 24 PM 12:40

Principal Place of Business

Mailing Address

11039 N TOWNE SQUARE RD.  
MEQUON WI 53092

11039 N TOWNE SQUARE RD.  
MEQUON WI 53092

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**04/12/1982**

3a. Date of Last Report  
**03/07/1994**

2. Principal Place of Business

2b. Mailing Address

21

26

4. FEI Number

**39-1165806**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMPBELL, LEONARD, JR.
STREET ADDRESS	11039 N TOWNE SQUARE RD.
CITY-ST-ZIP	MEQUON WI
TITLE	V
NAME	SZATKOWSKI, DAVID J.
STREET ADDRESS	11039 N TOWNE SQUARE RD.
CITY-ST-ZIP	MEQUON WI
TITLE	V
NAME	BROWN, ROBERT M.
STREET ADDRESS	11039 N TOWNE SQUARE RD.
CITY-ST-ZIP	MEQUON WI
TITLE	D
NAME	VAN DEUREN, RICHARD A.
STREET ADDRESS	11039 N TOWNE SQUARE RD.
CITY-ST-ZIP	MEQUON WI
TITLE	STD
NAME	CAMPBELL, KAY K.
STREET ADDRESS	11039 N TOWNE SQUARE RD
CITY-ST-ZIP	MEQUON WI
TITLE	V
NAME	POTTINGER, DONALD C.
STREET ADDRESS	11039 N TOWNE SQUARE RD
CITY-ST-ZIP	MEQUON WI

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*David J. Szatkowski*  
**DAVID J. SZATKOWSKI**

1/16/95 414 241-6620

