

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **852554** (5)
1. Corporation Name
CAMPBELL, NEWMAN, POTTINGER & ASSOCIATES, INC.



Principal Place of Business Mailing Address
11039 N TOWNE SQUARE RD. MEQUON WI 53092 **11039 N TOWNE SQUARE RD. MEQUON WI 53092**

3. Date Incorporated or Qualified **04/12/1982** 3a. Date of Last Report **01/24/1995**
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

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LEONARD, JR.	12 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	13 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	14 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZATKOWSKI, DAVID J.	22 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	23 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	24 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DEUREN, RICHARD A.	32 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	33 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	34 CITY-STATE-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, KAY K.	42 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD	43 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	44 CITY-STATE-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTINGER, DONALD C.	52 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD	53 STREET ADDRESS	
CITY-STATE-ZIP	MEQUON WI	54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *David J. Szatkowski* 01/31/96 414-241-6620
Date Day/Time Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David J. Szatkowski, Vice President

CR2E034 (12/95)

V	Gregory W. Poplett	11039 North Towne Square Road Mequon, Wisconsin 53092
V	Burton W. Bartlett, II	11039 North Towne Square Road Mequon, Wisconsin 53092
V	Mary C. Brown	11039 North Towne Square Road Mequon, Wisconsin 53092