

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852554 (5)
 1. Corporation Name
CAMPBELL, NEWMAN, POTTINGER & ASSOCIATES, INC.



Principal Place of Business 11039 N TOWNE SQUARE RD. MEQUON WI 53092	Mailing Address 11039 N TOWNE SQUARE RD. MEQUON WI 53092-5051
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3. Date Incorporated or Qualified 04/12/1982	3a. Date of Last Report 02/12/1996
4. FEI Number 39-1165806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
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 _____ DATE _____
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LEONARD, JR.	1.2 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZATKOWSKI, DAVID J.	2.2 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DEUREN, RICHARD A.	3.2 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, KAY K.	4.2 NAME	
STREET ADDRESS	11039 N TOWNE SQUARE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 **David J. Szatkowski** 414-241-6620
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

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