

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90067 027 ***150.00

0587516

DOCUMENT # 852554

1. Entity Name
CAMPBELL, NEWMAN, POTTINGER & ASSOCIATES, INC.
CAMPBELL NEWMAN ASSET MANAGEMENT, INC.

Principal Place of Business 11039 N TOWNE SQUARE RD. MEQUON WI 53092	Mailing Address 11039 N TOWNE SQUARE RD. MEQUON WI 53092
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C0043574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 39-1165806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SZATKOWSKI, DAVID J	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	
CITY-ST-ZIP	MEQUON WI 53092	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SZATKOWSKI, DAVID J.	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	
CITY-ST-ZIP	MEQUON WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN DEUREN, RICHARD A.	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	
CITY-ST-ZIP	MEQUON WI	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CAMPBELL, KAY K.	
STREET ADDRESS	11039 N TOWNE SQUARE RD	
CITY-ST-ZIP	MEQUON WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, JR., LEONARD	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	
CITY-ST-ZIP	MEQUON, WI 53092	
TITLE	M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZATKOWSKI, DAVID J.	
STREET ADDRESS	11039 N TOWNE SQUARE RD.	
CITY-ST-ZIP	MEQUON, WI 53092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. SZATKOWSKI *David J Szatkowski* Date: 4/3/01 Daytime Phone #: 262-241-6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/00)

CAMPBELL  NEWMAN
Asset Management, Inc.

Attachment Doc # 852554

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<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>
M/D	Burton W. Bartlett, II	11039 N. Towne Square Road Mequon, Wisconsin 53092
M/D	Mary C. Brown	11039 N. Towne Square Road Mequon, Wisconsin 53092
V	Susan K. Brookins	11039 N. Towne Square Road Mequon, Wisconsin 53092
D	William R. Johnson	11039 N. Towne Square Road Mequon, Wisconsin 53092