


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90015 037 ***150.00

DOCUMENT # 852554			
1. Entity Name 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	
2. Principal Place of Business 12080 N. Corporate Pkwy Suite, Apt. #, etc. #130		3. Mailing Address 12080 N. Corporate Pkwy Suite, Apt. #, etc. #130	
City & State Mequon, WI		City & State Mequon, WI	
Zip 53092	Country USA	Zip 53092	Country USA
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SZATKOWSKI, DAVID J. 11039 N TOWNE SQUARE RD. MEQUON, WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Brown, Marya C 12080 N. Corporate Pkwy, Suite 130 Mequon, WI 53092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMPBELL, LEONARD JR 11039 N TOWNE SQUARE RD MEQUON, WI 53092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bartlett, Carla 12080 N. Corporate Pkwy, Suite 130 Mequon, WI 53092 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KAY K 11039 N. TOWNE SQUARE RD. MEQUON, WI 53092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Bryden, Jeffrey L. 12080 N. Corporate Pkwy, Suite 130 Mequon, WI 53092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D Szatkowski, David J. 12080 N. Corporate Pkwy, Suite 130 Mequon, WI 53092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Kay K. 12080 N. Corporate Pkwy, Suite 130 Mequon, WI 53092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>David J. Szatkowski</u>		David J. Szatkowski 2/23/04 262-243-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

44015614



01082004 Chg-P CR2E034 (10/03)

4. FEI Number 39-1165806 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Attachment

44015614

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TITLE

NAME

STREET ADDRESS

M/D

Burton W. Bartlett, II

11039 N. Towne Square Road **Delete**
Mequon, Wisconsin 53092