FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90185 032 ***150.00

2003	FOR	PROFIT	CORPORAT	TION
UNIFO	RM B	USINESS	REPORT	(UBR)

852554 **DOCUMENT #**

1. Entity Name

CAMPBELL NEWMAN ASSET MANAGEMENT, INC.

			16		/		
Principal Place of Business 11039 N TOWNE SOUARE RD. MEOUON WI 53092		Mailing Address 11039 N TOWNE SQUARE RD. MEQUON WI 53092					
				•			
2. Principal f	Place of Business	3. Mailing Address	•		T I I I I I I I I I I I I I I I I I I I	FOR BIDDE BUDDE I	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MA	KING CHAN	IGES
City & Star	te	City & State	_		4. FEI Number 39-1165806		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Fee Re	5 Additional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registe		quirea
			<u> </u>	Vame			
CT CORP	ORATION SYSTEM		<u> </u>	Street Address	(P.O. Box Number is Not Acceptable)		
	INE ISLAND ROAD						
PLANTATI	ON FL 33324						
				City		Zip	Code
	tions of registered agent.		registered o	office or registe	ered agent, or both, in the State of Florida.		with, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Ag	ent signature require	ed when reinstating) D	ATE	
Afte	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	' State			Election Campaign Financing Trust Fund Contribution.		55.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SZATKOWSKI, DAVID J. 11039 N TOWNE SQUARE RD. MEQUON WI	☐ Delete	TITLE NAME STREET A CITY-ST-	I		☐ Cha	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPBELL, KAY K. 11039 N TOWNE, SQUARE RD MEQUON WI	☐ Delete	TITLE NAME STREET AI CITY-ST-	DDRESS 1103	PBEEL, KAY K. 39 N. TOWNE SQUARE ROAD JON, WI 5 3092	¥ □ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMPBELL, LEONARD JR 11039 N TOWNE SQUARE RD MEQUON WI 53092	☐ Delete	TITLE NAME STREET A			☐ Cha	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AG CITY-ST-	,		☐ Cha	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AI CITY-ST-	l l		☐ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AG	ODRESS TO		☐ Cha	inge Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

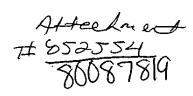
SIGNATURE:

SIGNATURE SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daysime Phone #



<u>TITLE</u>	<u>NAME</u>	STREET ADDRESS	
M/D	Burton W. Bartlett, II	11039 N. Towne Square Road Mequon, Wisconsin 53092	
M/D ST	Mary C. Brown	11039 N. Towne Square Road Mequon, Wisconsin 53092	CHANGE
V	Susan K. Brookins	11039 N. Towne Square Road Mequon, Wisconsin 53092	DELETE
V	Jeffrey L. Bryden	11039 N. Towne Square Road Mequon, Wisconsin 53092	