

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F96000001971 (8)**

1. Corporation Name  
**SECURA INVESTMENTS, INC.**



Principal Place of Business: 2401 SOUTH MEMORIAL DRIVE APPLETON WI 54915  
 Mailing Address: 2401 SOUTH MEMORIAL DRIVE APPLETON WI 54915-1429

3. Date Incorporated or Qualified: 04/19/1996  
 3a. Date of Last Report  
 4. FEI Number: 39-1099262 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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 City: 84 State: 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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CLOV	<input type="checkbox"/> DELETE
NAME	BAUMAN, ROBERT D	
STREET ADDRESS	1104 GREEN GROVE ROAD	
CITY - ST - ZIP	APPLETON WI 54911	
TITLE	COBO	<input type="checkbox"/> DELETE
NAME	BUBOLZ, JOHN S	
STREET ADDRESS	2518 EAST CRESTVIEW DRIVE	
CITY - ST - ZIP	APPLETON WI 54915	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLON, MICHAEL B	
STREET ADDRESS	1033 SOUTHFIELD DRIVE	
CITY - ST - ZIP	MENASHA WI 54952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DETZEL, DENIS H	
STREET ADDRESS	733 FRONT STREET	
CITY - ST - ZIP	APPLETON WI 54914	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, JAMES P	
STREET ADDRESS	3317 BLUEBERRY LANE	
CITY - ST - ZIP	APPLETON WI 54915	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PATSCHKE, EDWIN L	
STREET ADDRESS	2917 N McDONALD STREET	
CITY - ST - ZIP	APPLETON WI 54911	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D/VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John A. Bykowski	
4.3 STREET ADDRESS	28 Pinewild Ct.	
4.4 CITY - ST - ZIP	Appleton, WI 54915	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(j), 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: *Robert D. Bauman* **REQUIRED** Robert D. Bauman 4/9/97 414-830-4208

CR2E034 (9/96)