

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000001971 (8)

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

Principal Place of Business  
2401 SOUTH MEMORIAL DRIVE  
APPLETON WI 54915

Mailing Address  
2401 SOUTH MEMORIAL DRIVE  
APPLETON WI 54915

2. Principal Place of Business  
21 | 1428 Midway Rd  
Suite, Apt. #, etc.  
22 |  
City & State  
23 | Menasha, WI  
Zip Country  
24 | 54952 | 25 | US

2a. Mailing Address  
26 | PO Box 5097  
Suite, Apt. #, etc.  
27 |  
City & State  
28 | Appleton WI  
Zip Country  
29 | 54913-5097 | 30 | US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

FILED  
98 SEP 22 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400002646394-9  
09/22/98-01008-024  
3. Date Incorporated \*\*\*400.00 \*\*\*400.00  
04/19/1996 00002646394-9  
4. FEI Number -09/22/98-01008-024  
39-1099262 \*\*\*150.00 \*\*\*150.00  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

81 Name WILLIAM BECK  
82 Street Address (P.O. Box Number is Not Acceptable) 4190 BELFORT ROAD # 450  
83  
84 City JACKSONVILLE FL 85 Zip Code 32216

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 agent 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 *William B Beck*

TLI SEP 22 1998

12. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BAUMAN, ROBERT D	
STREET ADDRESS	1104 GREEN GROVE ROAD	
CITY- ST- ZIP	APPLETON WI	
TITLE	COBD	<input checked="" type="checkbox"/> DELETE
NAME	BUBOLZ, JOHN S	
STREET ADDRESS	2518 EAST CRESTVIEW DRIVE	
CITY- ST- ZIP	APPLETON WI 54915	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONLON, MICHAEL B	
STREET ADDRESS	1033 SOUTHFIELD DRIVE	
CITY- ST- ZIP	MENASHA WI	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	BYKOWSKI, JOHN A	
STREET ADDRESS	28 PINEWILD CT	
CITY- ST- ZIP	APPLETON WI	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JAMES P	
STREET ADDRESS	3317 BLUEBERRY LANE	
CITY- ST- ZIP	APPLETON WI 54915	
TITLE	DV	<input checked="" 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peter M. Johnson	
1.3 STREET ADDRESS	PO Box 1249 N/A	
1.4 CITY- ST- ZIP	Oshkosh, WI 54902	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael B Conlon	
2.3 STREET ADDRESS	2255 Meadow Breeze Ct.	
2.4 CITY- ST- ZIP	Appleton, WI 54914	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE WELLS	
3.3 STREET ADDRESS	5901 Executive Dr	
3.4 CITY- ST- ZIP	Lansing MI 48911	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JIM SIMON	
4.3 STREET ADDRESS	5401 Executive Dr	
4.4 CITY- ST- ZIP	Lansing MI 48911	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Andy Hopping	
5.3 STREET ADDRESS	5401 Executive Dr	
5.4 CITY- ST- ZIP	Lansing MI 48911	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CLIFFORD JACK	
6.3 STREET ADDRESS	5901 Executive Dr.	
6.4 CITY- ST- ZIP	LANSING MI 54911	

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 607.07(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 *[Signature]* 11-27-98 920-954-2777

CR2E034 (10/97)