FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P08036** **(6)**

1. Corporation Name
GRAEF, ANHALT, SCHLOEMER & ASSOCIATES, INC.

Principal Place of Business
345 N. 95TH ST.
MILWAUKEE WI 53226

Mailing Address
345 N. 95TH ST.
MILWAUKEE WI 53226

3. Date Incorporated or Qualified **11/07/1985**
3a. Date of Last Report **05/01/1995**

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

4. FEI Number **39-1083592** 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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
84 City **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 DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	KOPPLIN, CHARLES	
STREET ADDRESS	11830 W. TESCH	
CITY-ST-ZIP	GREENFIELD WI	
TITLE	DV	☐ DELETE
NAME	GRAEF, LUTHER W.	
STREET ADDRESS	8503 CTRY CLUB DR	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	☐ DELETE
NAME	FARCHMIN, HAROLD J	
STREET ADDRESS	12515 ZINKE DR	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	DV	☐ DELETE
NAME	CHUDZIK, JEROME S	
STREET ADDRESS	226 WILSON AVE	
CITY-ST-ZIP	WAUKESHA WI	
TITLE	DV	☐ DELETE
NAME	LAMMI, BRUCE	
STREET ADDRESS	W181 N8305 DESTINY DR	
CITY-ST-ZIP	MENOMONEE FALLS WI	
TITLE	PTD	☐ DELETE
NAME	BUB, RICHARD M.	
STREET ADDRESS	10417 N STRATFORD PL 21W	
CITY-ST-ZIP	MEQUON WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, V	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1207 E. Newhall Avenue	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/19/96 Daytime Phone # 414-259-1500

CR2E034 (12/95)

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