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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P11991 (7)**  
1. Corporation Name  
**SECURITY FINANCIAL AND LEASING SERVICES, INC.**

Principal Place of Business Mailing Address  
**7600 W LAYTON AVE #200 MILWAUKEE WI 53220-3705**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country

3. Date Incorporated or Qualified **11/03/1986** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **39-1425168** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GORDON, DOUGLAS S. 7600 W LAYTON AVE #200 MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD KAMIN, ROGER D. 184 W. WISCONSIN AVENUE MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V HOFFMANN, DAVID M. 7600 W LAYTON AVE #200 MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHOENDORF, JOSEPH F JR. 184 W WISCONSIN AVENUE MILWAUKEE WI</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MEYER, ARTHUR C. 11 LONG BROW ROAD MILTON HEAD SC</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHAEFER, ROBERT A. 184 W. WISCONSIN AVENUE MILWAUKEE WI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>AV Kirby, Dawn M. 7600 W. Layton Ave #200 Milwaukee WI 53220</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>V O'Neill, Lisa M. 7600 W. Layton Ave #200 Milwaukee WI 53220</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D Schwett Jr. William G. 184 W. Wisconsin Avenue Milwaukee WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>T, S, D Kamin, Roger D. 184 W. Wisconsin Avenue Milwaukee WI 53203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(a), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with no address.

SIGNATURE: **Dawn M. Kirby**  
Dawn M. Kirby

**4/24/95 (414)282-4448**