FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P11991 DOCUMENT #
1. Corporation Name

(7)

SECURITY FINANCIAL AND LEASING SERVICES, INC.										
Principal Place of	of Business	Mailing Address				I 100 (160) (01 1/001 (1010 (2)(C 1610)		Aidit 84811		
7600 W LAYTON AVE #200 7600 W LAYTON AVE #200 MILWAUKEE WI 53220-3705 MILWAUKEE WI 53220-3705										
						3. Date Incorporated or Qualified 11/03/1986	3a. Date o	of Last Re /01/199		
2. Principal Pla	ce of Business	2a. Mailing Address 26	ı, Mailing Address			4. FET Number 39-1425168	Applied For Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired			Additional Required	
City & State		City & State	¬ ' '			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip 4	Country 25	Ζ _I ρ	Coun	try		8. This corporation has flability for in Florida Statutes Yes		under s	199.032,	
_4	g. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	gistered A	gent		
				B1	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Ī	82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)			
	TION FL 33324		1	В3						
			1	B4	City		FL	85 Zr	p Code	
or registere familiar with	o the provisions of Sections 607.0502 a so agent, or both, in the State of Florida h, and accept the obligations of, Section	nd 607.1508, Florida Statut . Such change was authoriz n 607.0505, Florida Statutes	es, the aboved by the cost.	re-na orpor	imed corpora ration's board	tion submits this statement for the purp of of directors. I hereby accept the appo	xose of chan intment as re	ging its re agistered	egistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent an	o trie il applicable (NC	OTL: Registered A	Agent s	signaturo required	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI				
TILLE	AV DELETE		1.1 10	LÉ	Pr	esident		Change	 Addition	
NAME	KIRBY, DAWN		1.2 NA	ΜE	Go	rdon, Douglas S.				
STREET ADDRESS	7600 W LAYTON AVE #200		1.3 STR	REETA	ODRESS 18	4 W. Wisconsin Avenu	л е			
CITY - ST - ZIP	MILWAUKEE WI		1.4 CIT	Y-ST-	ZIP Mi	lwaukee, WI 53203 ce President			·····	
TITLE	TSD	☐ DELETE	2 1 111	LE.	Vi	ce President		Chang-:	Addition	
NAME	KAMIN, ROGER D.		2.2 NAI	ME	Ho	ffmann, David M.				
STREET ADDRESS	184 W. WISCONSIN AVENUE		23 S1F	EET A	ODRESS 76	00 W. Layton Avenue	, Suit∈	200		
City St-Zif	MILWAUKEE WI		2.4 CH	y:st-		lwaukee, WI 53220				
TITLE	V	☐ DELETE	3 1 117	LE			χZ	Change	Addition	
NAME	O'NEILL, LISA M		3.2 NAI	ME	0'	Neill-Barker, Lisa N	1.			
STREET ADDRESS	7600 W LAYTON AVE #200		3.3 ST	REET #	ADDRESS					
CITY - S1 - ZIP	MILWAUKEE WI		3.4 CIT	Y - \$T-	- ZIP					
TITLE	D	☐ DELETE	4. 1 1(1	LE		rector		Change	Addition	
NAME	SCHUETT, WILLIAM G JR		4.2 NA	ME	Sc	hoendorf, Joseph	•			
STREET ADDRESS	184 W WISCONSIN AVENUE		4.3 STF	REELA		4 W. Wisconsin Aven	ue			
CITY - ST- ZIP	MILWAUKEE WI		4.4 CIT	Y-ST-	-ZIP Mi	lwaukee, WI 53203				
TIILE	D	☐ DELFTE	5. 1 TiT	ILE		•		Change:	Addition	
NAME	MEYER, ARTHUR C.		5.2 NA	ME						
STREET ADDRESS	11 LONG BROW ROAD		5 3 ST	REET A	ADDRESS					
CITY-ST-ZIP	MILTON HEAD SC		5.4 CIT	Y - ST-	- ZIP					
THLE	D	☐ DELETE	6 1 Ti	TLE) Change	☐ Addition	
NAMÉ	SCHAEFER, ROBERT A.		6.2 NA	ME						
STREET ADDRESS	184 W. WISCONSIN AVENUE		6.3 STF	REET A	ADDRESS					
CITY - ST - ZIP	MILWAUKEE WI		6 4 CII							
14 Lda barab	y certify that the information supplied w	th this filing is voluntarily fun	nished and d	loes	not qualify fo	or the exemption stated in Section 119.	07(3)(k), Flori	da Statu	tes. I further	
oath: that	the information indicated on this annual I am an officer of director of the corpora Block 12 or Block 13 if changed, or or	ation or the receiver or truste	e emoower	ed to	execute this	e and that my signature shall have the report as required by Chapter 607, Flo	orida Statute:	s; and the	at my name	

SIGNATURE:

4/24/96 (414) 282-4448 =

CR2E034 (12/95)