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Apr 02 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 # P11991 (7)
 1. Corporation Name
SECURITY FINANCIAL AND LEASING SERVICES, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/03/1986	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		39-1425168	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 607.0507 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AV	1.1 TITLE	V
NAME	KIRBY, DAWN	1.2 NAME	
STREET ADDRESS	7600 W LAYTON AVE #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	P
NAME	KAMIN, ROGER D.	2.2 NAME	Gordon, Douglas S.
STREET ADDRESS	184 W. WISCONSIN AVENUE	2.3 STREET ADDRESS	184 W. Wisconsin Avenue
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	Milwaukee, WI 53203
TITLE	V	3.1 TITLE	V
NAME	O'NEILL-BARKER, LISA M	3.2 NAME	Hoffmann, David M.
STREET ADDRESS	7600 W LAYTON AVE #200	3.3 STREET ADDRESS	7600 W. Layton Avenue, Suite 200
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	Milwaukee, WI 53220
TITLE	D	4.1 TITLE	D
NAME	SCHUETT, WILLIAM G JR	4.2 NAME	Schoendorf, Joseph
STREET ADDRESS	184 W WISCONSIN AVENUE	4.3 STREET ADDRESS	184 W. Wisconsin Avenue
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	Milwaukee, WI 53203
TITLE	D	5.1 TITLE	
NAME	MEYER, ARTHUR C.	5.2 NAME	
STREET ADDRESS	11 LONG BROW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON HEAD SC	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SCHAEFER, ROBERT A.	6.2 NAME	
STREET ADDRESS	184 W. WISCONSIN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	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)(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: Dawn M. Kirby Dawn M. Kirby 3/27/97 (414) 282-4448

CR2E034 (9/96)