


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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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 Mailing Address
7800 W LAYTON AVE #200 MILWAUKEE WI 53220-3705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/03/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		39-1425168	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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 607.0502 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, DAWN	1.2 NAME	Thomas O'Neill
STREET ADDRESS	7800 W LAYTON AVE #200	1.3 STREET ADDRESS	770 N. Water Street
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	Milwaukee, WI 53202
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSD KAMIN, ROGER D.	2.2 NAME	Garry Marquiss
STREET ADDRESS	184 W. WISCONSIN AVENUE	2.3 STREET ADDRESS	11548 W. Theodore Trecker Way
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	West Allis, WI 53214
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL-BARKER, LISA M	3.2 NAME	S/D Michael Hatfield
STREET ADDRESS	7800 W LAYTON AVE #200	3.3 STREET ADDRESS	770 N. Water Street
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	Milwaukee, WI 53214
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHUETT, WILLIAM G JR	4.2 NAME	T/D Scott Sheaffer
STREET ADDRESS	184 W WISCONSIN AVENUE	4.3 STREET ADDRESS	770 N. Water Street
CITY-ST-ZIP	MILWAUKEE WI	4.4 CITY-ST-ZIP	Milwaukee, WI 53202
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MEYER, ARTHUR C.	5.2 NAME	AS Vickie L. Stroebel
STREET ADDRESS	11 LONG BROW ROAD	5.3 STREET ADDRESS	770 N. Water Street
CITY-ST-ZIP	MILTON HEAD SC	5.4 CITY-ST-ZIP	Milwaukee, WI 53202
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHAEFER, ROBERT A.	6.2 NAME	O Gerald Merlet
STREET ADDRESS	184 W. WISCONSIN AVENUE	6.3 STREET ADDRESS	770 N. Water Street
CITY-ST-ZIP	MILWAUKEE WI	6.4 CITY-ST-ZIP	Milwaukee, WI 53202

14. I 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: *Scott Sheaffer* Treasurer **4/10/98**

CR2E034 (10/97)