

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 # **P38159 (0)**

1. Corporation Name
CUNA BROKERAGE SERVICES, INC.



Principal Place of Business: **KAREN STEINDORF, GOV'T & INDUSTRY RELATION
5910 MINERAL POINT ROAD
MADISON WI 53705**

Mailing Address: **KAREN STEINDORF, GOV'T & INDUSTRY RELATION
5910 MINERAL POINT ROAD
MADISON WI 53705**

3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 39-1437257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 ATTN: Barb Monson 3H-6 Suite, Apt. #, etc.	26 ATTN: Barb Monson 3H-6 Suite, Apt. #, etc.
22 5910 Mineral Point Road City & State	27 5910 Mineral Point Road City & State
23 Madison, WI Zip Country	28 Madison, WI Zip Country
24 53705	29 53705
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BITTLE, LARRY E. 2265 KING JAMES CT WINTER PARK FL 32792		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: _____
Signature typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, ROBERT W.	1.2 NAME	Joseph P. Tripalin
STREET ADDRESS	P.O. BOX 391	1.3 STREET ADDRESS	P.O. Box 391 NJA
CITY-STATE-ZIP	MADISON WI	1.4 CITY-STATE-ZIP	Madison, WI 53701-0391
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLES, WILLIAM W.	2.2 NAME	
STREET ADDRESS	P.O. BOX 391	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MADISON WI	2.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, STEVEN A	3.2 NAME	100001741111
STREET ADDRESS	P.O. BOX 391	3.3 STREET ADDRESS	-03/13/96--01037--007
CITY-STATE-ZIP	MADISON WI	3.4 CITY-STATE-ZIP	***200.00
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONESON, MICHAEL G	4.2 NAME	
STREET ADDRESS	2000 HERITAGE WAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WAVERLY IA	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, GARY L	5.2 NAME	Gary L. Cutler
STREET ADDRESS	2000 HERITAGE WAY	5.3 STREET ADDRESS	5910 Mineral Point Road
CITY-STATE-ZIP	WAVERLY IA	5.4 CITY-STATE-ZIP	Madison, WI 53701-0391
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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: *Steven A. Goldberg* DATE: **1/31/96** (608) 238-5851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)