

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14401 (4)**  
1. Corporation Name  
**AAL CAPITAL MANAGEMENT CORPORATION**



Principal Place of Business <b>222 WEST COLLEGE AVENUE APPLETON WI 54919</b>	Mailing Address <b>222 WEST COLLEGE AVENUE APPLETON WI 54919</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>05/11/1987</b>	
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt #, etc.	<b>4. FEI Number</b> <b>39-1559375</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City <b>FL</b> <b>85</b> 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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, ROBERT M.</b>	1.2 NAME	
STREET ADDRESS	<b>940 EAST CAPITAL DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APPLETON WI</b>	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME, ROBERT G.</b>	2.2 NAME	
STREET ADDRESS	<b>1125 BRIARCLIFF DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APPLETON WI</b>	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, TERRANCE P.</b>	3.2 NAME	<b>VTD</b>
STREET ADDRESS	<b>1115 SUNSET AVENUE</b>	3.3 STREET ADDRESS	<b>316 Peppercorn Drive</b>
CITY-ST-ZIP	<b>APPLETON WI</b>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, JOSEPH A.</b>	4.2 NAME	<b>Anthony A. De Angelis</b>
STREET ADDRESS	<b>1112 E MOORPARK AVE</b>	4.3 STREET ADDRESS	<b>15 Springbrook Cercle Drive</b>
CITY-ST-ZIP	<b>APPLETON WI</b>	4.4 CITY-ST-ZIP	<b>Appleton, WI</b>
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PODELL, KENNETH E. (AST)</b>	5.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 135</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHIOCTON WI</b>	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPENCE, H. MICHAEL</b>	6.2 NAME	<b>PD</b>
STREET ADDRESS	<b>1520 OAKCREST COURT</b>	6.3 STREET ADDRESS	<b>Ronald G. Anderson</b>
CITY-ST-ZIP	<b>APPLETON WI</b>	6.4 CITY-ST-ZIP	<b>3611 N. Rankin Street</b>

**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 \_\_\_\_\_ DATE **4/29/98** (202) 724-5724

CR2E034 (10/97)