

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90049 030 \*\*\*150.00

DOCUMENT # P14401

1. Corporation Name

AAL CAPITAL MANAGEMENT CORPORATION

Principal Place of Business  
222 WEST COLLEGE AVENUE  
APPLETON WI 54919

Mailing Address  
222 WEST COLLEGE AVENUE  
APPLETON WI 54919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1987

4. FEI Number

39-1559375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	XX DELETE
NAME	ROTH, ROBERT M.	
STREET ADDRESS	940 EAST CAPITAL DRIVE	
CITY-ST-ZIP	APPLETON WI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SAME, ROBERT G.	
STREET ADDRESS	1125 BRIARCLIFF DRIVE	
CITY-ST-ZIP	APPLETON WI	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, TERRANCE P.	
STREET ADDRESS	316 PEPPERCORN DR	
CITY-ST-ZIP	APPLETON WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY A DE ANGELIS	
STREET ADDRESS	15 SPRINGBROOK CIRCLE DR	
CITY-ST-ZIP	APPLETON WI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RONALD G ANDERSON	
STREET ADDRESS	3611 N RANKIN ST	
CITY-ST-ZIP	APPLETON WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James H. Abitz	
1.3 STREET ADDRESS	4124 N. Wedgewood Dr.	
1.4 CITY-ST-ZIP	Appleton, WI 54915	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Woodrow E. Eno	
3.3 STREET ADDRESS	109 Pine Ct.	
3.4 CITY-ST-ZIP	Appleton, WI 54915	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carl J. Rudolph	
4.3 STREET ADDRESS	3513 N. Racine St.	
4.4 CITY-ST-ZIP	Appleton, WI 54911	
5.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	**See attached for complete	
6.3 STREET ADDRESS	officer and director listing	
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Cindy L. Shaasture *Cindy L. Shaasture* 4/12/99 (920) 734-5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0550487

CR2E034 (11/98)