FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **821157** **(5)**

1. Corporation Name
AGRISTOR CREDIT CORPORATION

Principal Place of Business	Mailing Address
% CORP. TECH. CENTER 12100 W. PARK PLACE MILWAUKEE WI 53224-3006	P.O. BOX 2000 ELM GROVE WI 53122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1968
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 39-1090165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	1.1 TITLE	CH of Board / Director	X Change ☐ Addition
NAME	BOMBERGER, GLEN R	1.2 NAME		
STREET ADDRESS	4640 SOMERSET CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI 53005	1.4 CITY-ST-ZIP		
TITLE	VCT	2.1 TITLE	Treasurer / Director	X Change ☐ Addition
NAME	RYAN, THOMAS W	2.2 NAME	John J. Kita	
STREET ADDRESS	6000 N. LAKE DR.	2.3 STREET ADDRESS	426 High St.	
CITY-ST-ZIP	WHITEFISH BAY WI 53217	2.4 CITY-ST-ZIP	Pewaukee, WI 53072	
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	SHELLMAN, JOLENE	3.2 NAME		
STREET ADDRESS	N27 W30131 MAPLE AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PEWAUKEE WI 53072	3.4 CITY-ST-ZIP		
TITLE	AT	4.1 TITLE	Assistant Treasurer	X Change ☐ Addition
NAME	KITA, JOHN J	4.2 NAME	Patricia K. Ackerman	
STREET ADDRESS	426 HIGH	4.3 STREET ADDRESS	W73 N1005 Poplar Ave.	
CITY-ST-ZIP	PEWAUKEE WI 53072	4.4 CITY-ST-ZIP	Cedarburg, WI 53012	
TITLE	S	5.1 TITLE		X Change ☐ Addition
NAME	QUAST, DAVID C.	5.2 NAME		
STREET ADDRESS	9123 W. JACKSON PK BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUWATOSA WI	5.4 CITY-ST-ZIP	Wauwatosa, WI 53226	
TITLE		6.1 TITLE	Director	☐ Change X Addition
NAME		6.2 NAME	Robert J. O'Toole	
STREET ADDRESS		6.3 STREET ADDRESS	2401 W. Cedar Lane	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	River Hills, WI 53217	

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)(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: David C. Quast 4/6/95 (414) 359-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David C. Quast, Secretary

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