

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 042 ***158.75

DOCUMENT # F02000003696		
1. Entity Name FIRST CAPITAL SURETY & TRUST COMPANY		

Principal Place of Business 6010 SOUTH MINNESOTA AVE. SUITE 208 SIOUX FALLS, SD 57101	Mailing Address 230 W. WELLS ST. SUITE 402 MILWAUKEE, WI 53211
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042008 Chg-P CR2E034 (12/06)

4. FEI Number 41-1927038		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINS, CORY S ESQ. SHERIDAN HILLS PROFESSIONAL PLAZA 4030 C SHERIDAN STREET HOLLYWOOD, FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

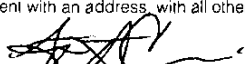
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADISH, STEPHEN L 1717 E. NINTH ST. #2112 CLEVELAND, OH 44114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen Corbisier 230 W. Wells St, Ste 402 Milwaukee WI 53203 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, FRANK P 230 W. WELLS ST., STE. 402 MILWAUKEE, WI 53203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGUIRE, DIANE R 230 W. WELLS ST., STE. 402 MILWAUKEE, WI 53203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAINE, GARY H 16112 SPILLMAN RANCH LOOP BEE CAVE, TX 73738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, JERRY C 113 TIMBERLINE ROAD SPEARFISH, SD 57783 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/08 800-521-2359
Date Daytime Phone #