

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003696

FILED
Jan 20, 2009
Secretary of State

Entity Name: FIRST CAPITAL SURETY & TRUST COMPANY

Current Principal Place of Business:

6010 SOUTH MINNESOTA AVE.
SUITE 208
SIOUX FALLS, SD 57101

New Principal Place of Business:

Current Mailing Address:

230 W. WELLS ST.
SUITE 402
MILWAUKEE, WI 53211

New Mailing Address:

230 W. WELLS ST.
SUITE 402
MILWAUKEE, WI 53203

FEI Number: 41-1927038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINS, CORY S ESQ.
SHERIDAN HILLS PROFESSIONAL PLAZA
4030 C SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KADISH, STEPHEN L
Address: 1717 E. NINTH ST. #2112
City-St-Zip: CLEVELAND, OH 44114

Title: D () Delete
Name: MAGUIRE, FRANK P
Address: 230 W. WELLS ST., STE. 402
City-St-Zip: MILWAUKEE, WI 53203

Title: ST () Delete
Name: MAGUIRE, DIANE R
Address: 230 W. WELLS ST., STE. 402
City-St-Zip: MILWAUKEE, WI 53203

Title: D () Delete
Name: KAINE, GARY H
Address: 16112 SPILLMAN RANCH LOOP
City-St-Zip: BEE CAVE, TX 73738

Title: D () Delete
Name: DUMAS, JERRY C
Address: 113 TIMBERLINE ROAD
City-St-Zip: SPEARFISH, SD 57783

Title: P () Delete
Name: CORBISIER, STEPHEN
Address: 230 W WELLS ST, STE 402
City-St-Zip: MILWAUKEE, WI 53203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAGUIRE, FRANK P
Address: 3060 E. NEWPORT COURT
City-St-Zip: MILWAUKEE, WI 53211

Title: PST (X) Change () Addition
Name: MAGUIRE, DIANE R
Address: 230 W. WELLS ST., STE. 402
City-St-Zip: MILWAUKEE, WI 53203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MALSCH, BENJAMIN F
Address: 230 W WELLS ST, STE 402
City-St-Zip: MILWAUKEE, WI 53203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN MALSCH

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date