## FILED Apr 15, 2005 8:00 am Secretary of State

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DOCUMENT # F0400002915  1. Entity Name KIRCHMAN CORPORATION							04-15-2005 9	-		00			
Principal Place of Business Mailing Address 711 EAST ALTAMONTE DRIVE 711 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701-4804 ALTAMONTE SPRINGS, FL 32701-4804					#88## <b>88</b>   FI		T <b>i 43 ili 87 il</b> i 10 il		<b>186</b> 1 (1 <b>67</b> 8)				
2. Principal P	lace of Busin	ness	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				02172005	Chg-P	CR2E03	Zip Code am famillar with, and accept  TE  AND DIRECTORS IN 11 Change Addition  OI 4804 Change Addition  Change Addition  Change Addition  Change Addition			
City & State	e		City & State				4. FEI Numb 38-370			<u> </u>			
Zip		Country	Zip	ntry		5. Certificate	of Status Desired						
	6. Name	and Address of Current R	egistered Agent		Name		7. Name and	Address of New F	Registered Ap	ent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)									
					City	FL Zip Code							
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						ure required	I when reinstating)		DATE				
						<del></del>							
		FEE IS \$150.00 5 Fee will be \$550.0	S. Election Campa     Trust Fund Cont	-		\$5. Add	.00 May Be led to Fees				Ì		
10.		OFFICERS AND C	DIRECTORS	11.				CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11		
TITLE CHRM Debte TITL  NAME DANOLA, PAUL T					Hein	vij nick, Dav	id.		☐ Change	Addition			
			EET ADDRESS	711	East Alto	monte Dr.	<b>5</b> 0						
				(-ST-ZIP	H)to		iprings FL	<del></del>		-			
TITLE NAME	P   LANDRUI	M, RACHEL	Delete	TITL NAM	-		r elli, Mar	κ		∐ Change	Addition		
STREET ADDRESS 711 EAST ALTAMONTE DR. STR				EET ADORESS	TH	East Alth	amonte Pr	<b>n</b>	•				
****					/-ST-ZIP	SVP		prings Fc			TOT A AUGUS		
TITLE "	1	D, MICHAEL D	Delete .	TITL NAM	E Æ	Den	een. Ru	an R. Water St,		□ Cusnge	AUGIDOR JOS		
				EET ADDRESS (-St-ZIP	777	North	Water Str						
TITLE	ST	DEER, WI 53223	☐ Delete	TITL		SVP	<u>waukee</u>	WI 5320		☐ Channe	i⊠ Addition		
NAME	DAROGA	, NORRIE J		NAA	Æ			amonte D					
STREET ADDRESS CITY-ST-ZIP	I	ST BROWN DEER ROAI DEER, WI 53223	D .		EET ADDRESS (- St-ZIP			amonte p Springs fi	r. . 3270	14804			
TITLE	5.13111		☐ Delete	TITL	E	SVP		<u> </u>			Addition		
NAME	[			NAM	AE EET ADDRESS	Rug	h, Blair	a manala Du	_				
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	Alta	cost filt	amonte Dr Springs Fi	3270	4804			
TITLE	<del></del>		Delete	TITL.		- V					Addition		
NAME STREET ADDRESS				NAM STR	æ Eet address	Wh Tu	ite, Jer	ry tamonte Di	^				
CITY-ST-ZIP			<u> </u>	Ċm	1-ST-ZIP	Alta	imante s	Springs Ec	32701	4804			
12. I hereby of indicated	certify that th	e information supplied with it or supplemental report is the receiver or trustee emos achment with an address.	this filing does not qualify fo true and accurate and that r	r the exe	emption sta iture shall h	ted in Se ave the	ection 119.07(3) same legal effe	(i), Florida Statutes. ct as if made under	I further certicath; that I ar	y that the in	nformation or director		
of the cor changed.	poration or t , or on an att	he receiver or trustee emper achment with an address, w	wered to execute this report ith all other like empowered	as requ	ired by Cha	apter 607	7, Florida Statuti	es; and that my nam	e appears in	Block 10 o	Block 11 if		
SIGNATURE: LE PURT													

page 2 of 3

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0400002915  1. Entity Name KIRCHMAN CORPORATION							c .	_				
Principal Place of Business Mailing Address 711 EAST ALTAMONTE DRIVE 711 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701-4804 ALTAMONTE SPRINGS, FL 32701-4804						4	00576	045		· t		
2. Principal Pi	ace of Busin	ess	3. Mailing Address			<del></del>						
Suite, Apt.	#, etc.		Suite, Apt, #, etc.				02172005 Chg-P CR2E034 (10/03)					
City & State	9		City & State				4. FEI Numb	-		<b>→</b>	plied For t Applicable	
Zip		Country .	Zip	try		5. Certificate	of Status Desired		\$8.75 Add Fee Required			
	- 6 Name	and Address of Current R	egistered Agent ~ -	-			7. Name and	Address of New F	legistered	Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)							
		•			City		***	<del></del>	F	Zip Code	<del></del>	
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.												
0.0												
SIGNATURE_	Signature, typed	or printed name of registered agent an	of title if applicable. (NOTE	: Registere	d Agent signati	re required	when reinstating)		DATE		<del></del>	
	- 1014911	FFF 10 #4F0 00	9. Election Campai	an Fina	ncina	\$5	.00 May Be			<del></del>		
		FEE IS \$150.00 5 Fee will be \$550.0					ed to Fees					
10.		OFFICERS AND C	DIRECTORS	11.			ADDITIONS	L CHANGES TO OFF	FICERS AN	D DIRECTORS	S IN 11	
TITLE	CHRM		Delete	TITL	-	V	ماد لام	مصنہ		☐ Change	Addition	
name Street address	DANOLA, PAUL T  ODRESS 4900 WEST BROWN DEER ROAD				EET ADORESS	711	ock, Kris East Alt	amonte Dr.				
CITY-ST-ZIP					-ST-ZIP			Springs Fo		7014804		
TITLE	P Delete				E	V				☐ Change	Addition	
NAME STREET ADORESS	LANDRUM, RACHEL 5 711 EAST ALTAMONTE DR.			NAM	eet address	lcan	ter, Cind	tamonte Dr	•			
CITY-ST-ZIP	·				-ST-ZIP			Springs Fl		014804		
TITLE					E	1				[_] · Change _	- Addition	
NAME HAYFORD, MICHAEL D				NAM	eet address			·			ļ	
CITY-ST-ZIP	STREET ADDRESS 4900 WEST BROWN DEER ROAD  CITY-ST-ZIP BROWN DEER, WI 53223				-ST-ZIP						Ì	
TITLE	ST		☐ Delete	TITL	E	<u> </u>				☐ Change	Addition	
NAME STREET ADDRESS		., NORRIE J ST BROWN DEER ROAI	D	NAA	ie Eet address							
CITY-ST-ZIP		DEER, WI 53223	<b>,</b>		-ST-ZIP						ļ	
TITLE	<u> </u>	*	Delete	TITL	E				**·	☐ Change	Addition	
NAME STREET ADDRESS	ŀ			NAA	EET ADDRESS						1	
CITY-ST-ZIP					-ST-ZIP						ŀ	
TITLE	1		☐ Delete	TITL	E			<del></del>		☐ Change	Addition	
NAME STREET ADDRESS				NAA								
CITY-ST-ZIP	[			1	eet address (-st-zip							
12. 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 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:												