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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000027 (4)

1. Corporation Name

FM SERVICES CORPORATION OF ARIZONA

Principal Place of Business

10851 N BLACK CANYON HWY
PHOENIX AZ 85029-4755
US

Mailing Address

180 N EXECUTIVE DR
BROOKFIELD WI 53005-6011
US

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
04/11/1996

4. FEI Number

39-1702241

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 ☒ 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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☒ DELETE
NAME PUNCHES, DENNIS G
STREET ADDRESS 725 NORTH A1A, SUITE C-210
CITY-STATE-ZIP JUPITER FL 33477

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE
NAME KAGEL, WILLIAM W
STREET ADDRESS 4840 HUBERTUS ROAD
CITY-STATE-ZIP HUBERTUS WI

2.1 TITLE P/T ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP 53033

TITLE SD ☒ DELETE
NAME SPARBY, NEAL R
STREET ADDRESS S48W33276 ONISH DRIVE
CITY-STATE-ZIP DOUSMAN WI

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE T ☐ DELETE
NAME BOHMAN, JAMES R
STREET ADDRESS N41 W25213 LISBON ROAD
CITY-STATE-ZIP PEWAUKEE WI 53072

4.1 TITLE V/S ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE V/D ☐ Change ☒ Addition
5.2 NAME TIMOTHY G. BEFFA
5.3 STREET ADDRESS 2015 KINGSPOINTE DR
5.4 CITY-STATE-ZIP ST. LOUIS, MO 63005

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME TYLER T. ZACHEM & DAVID E. KING
6.3 STREET ADDRESS 101 EAST 52nd ST, 31st FLR
6.4 CITY-STATE-ZIP NEW YORK, NY 10022

14. I do 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.

SIGNATURE:

James R Bohman
James R. Bohman, Vice President & Secretary

4-14-97 (414) 760-7352

Date Daytime Phone

CR2E034 (9/96)