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 MAY -1 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001617 (0)

1. Corporate Name

FIRST MADISON CORP. - 88

Principal Place of Business

%ACS FINANCIAL GROUP, INC.
617 N. SEGOE RD., #202
MADISON WI 53705-3165

Mailing Address

%ACS FINANCIAL GROUP, INC.
617 N. SEGOE RD., #202
MADISON WI 53705-3165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1993

3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 39-1613271 — 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. Has the corporation lost its status for failure to file a report? Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEAVER, KATHY
4325 40TH ST. W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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 Section 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the 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: Registered Agent's Signature, if Registered Agent is an Individual — Registered Agent's Signature, if Registered Agent is a Corporation — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PT	TITLE	☑ Change ☐ Addition
NAME	ARMSTRONG, ROBERT G	NAME	
STREET ADDRESS	617 N SEGOE RD #202	STREET ADDRESS	
CITY, ST, ZIP	MADISON WI	CITY, ST, ZIP	53 705
TITLE	VS	TITLE	☑ Change ☐ Addition
NAME	CELNICK, EDWARD	NAME	Celnicker
STREET ADDRESS	617 N SEGOE RD #202	STREET ADDRESS	
CITY, ST, ZIP	MADISON WI	CITY, ST, ZIP	53705
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplement, filed within the prescribed time period, is true and accurate and that, upon request, I will provide the Department of State with a signed copy of this report or supplement.

SIGNATURE: Edward Celnicker 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

608/233/3119
Area Code & Daytime Telephone Number

0477055 FP