

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004774 (5)

1. Corporation Name
THE DEVELOPMENT ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1869 FT. WORTH TX 76101-1869	Mailing Address P.O. BOX 1869 FT. WORTH TX 76101-1869
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 75-1742847		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. SUITE 105 TALLAHASSEE FL 32301		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input checked="" type="checkbox"/>	1.1 TITLE Teuber, Rodney J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINNELL, JAMES A		1.2 NAME PRESIDENT + DIRECTOR	
STREET ADDRESS 1400 EVERMAN PKY.		1.3 STREET ADDRESS 1400 EVERMAN PKWY	
CITY-ST-ZIP FT. WORTH TX 76140		1.4 CITY-ST-ZIP FORT WORTH, TX 76140	
TITLE V	DELETE <input checked="" type="checkbox"/>	2.1 TITLE V. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWNING, THOMAS R		2.2 NAME Pederson, Jeffery K.	
STREET ADDRESS 1400 EVERMAN PKY.		2.3 STREET ADDRESS 1400 EVERMAN PKWY	
CITY-ST-ZIP FT. WORTH TX 76140		2.4 CITY-ST-ZIP FORT WORTH, TX 76140	
TITLE SD	DELETE <input checked="" type="checkbox"/>	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALSH, MICHAEL J		3.2 NAME Price, Russell L.	
STREET ADDRESS 1400 EVERMAN PKY.		3.3 STREET ADDRESS 1400 EVERMAN PKWY	
CITY-ST-ZIP FT. WORTH TX 76140		3.4 CITY-ST-ZIP FORT WORTH, TX 76140	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME JAMES D. ALLEN	
STREET ADDRESS		4.3 STREET ADDRESS 1400 EVERMAN PKWY	
CITY-ST-ZIP		4.4 CITY-ST-ZIP FORT WORTH, TX 76140	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Russell L. Price **4-16-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P08036** (6)
1. Corporation Name
GRAEF, ANHALT, SCHLOEMER & ASSOCIATES, INC.



Principal Place of Business
**345 N. 95TH ST.
MILWAUKEE WI 53226**

Mailing Address
**345 N. 95TH ST.
MILWAUKEE WI 53226-4441**

3. Date Incorporated or Qualified
11/07/1985

3a. Date of Last Report
05/01/1996

4. FEI Number
39-1083592

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	KOPPLIN, CHARLES	11830 W. TESCH	GREENFIELD WI	<input type="checkbox"/>
DV	GRAEF, LUTHER W.	8503 CTRY CLUB DR	MILWAUKEE WI	<input type="checkbox"/>
V	FARCHMIN, HAROLD J	12515 ZINKE DR	BROOKFIELD WI	<input type="checkbox"/>
DV	CHUDZIK, JEROME S	1207 E NEWHALL AVENUE	WAUKESHA WI	<input type="checkbox"/>
DV	LAMMI, BRUCE	W181 N8305 DESTINY DR	MENOMONEE FALLS WI	<input type="checkbox"/>
PTD	BUB, RICHARD M.	10417 N STRATFORD PL 21W	MEQUON WI	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V, D				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)