

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

FILED
May 08 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 # F95000003278 (7)

1. Corporation Name
MARSHALL & ILSLEY CORPORATION

Principal Place of Business
4900 W. BROWN DEER RD. - BD2139
BROWN DEER WI 53223-0528

Mailing Address
4900 W. BROWN DEER RD. - BD2139
BROWN DEER WI 53223-2422



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-0968604	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUESTER, DENNIS	1.2 NAME	
STREET ADDRESS	770 N. WATER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNLAUGSSON, GORDON	2.2 NAME	
STREET ADDRESS	770 N. WATER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, MICHAEL	3.2 NAME	
STREET ADDRESS	770 N. WATER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGDALE, JAMES	4.2 NAME	
STREET ADDRESS	770 N. WATER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	4.4 CITY-ST-ZIP	
TITLE	VC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATTEN, PETER III	5.2 NAME	
STREET ADDRESS	770 N. WATER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUELICHER, J. A	6.2 NAME	
STREET ADDRESS	770 N. WATER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	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:

[Signature] M.A. HATFIELD

4-23-97

44-765-7809

CR2E034 (9/96)