

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P00744 (3)**

1. Corporation Name

**ROBERT W. BAIRD & CO. INCORPORATED**



Principal Place of Business

Mailing Address

777 EAST WISCONSIN AVENUE  
MILWAUKEE WI 53202-5302

777 EAST WISCONSIN AVENUE  
MILWAUKEE WI 53202-5302

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/30/1984</b>  | 3a. Date of Last Report<br><b>06/23/1995</b> |
| 4. FEI Number<br><b>39-6037917</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. |
| 23. City & State                | 27. City & State        |
| 24. Zip                         | 28. Zip                 |
| 25. Country                     | 29. Country             |
| 30. 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   |

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, type, or print 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                      | PD<br>KASTEN, G. FREDERICK JR   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 9501 N. RIVER BEND CT.          | 1.2 NAME  |  |
| STREET ADDRESS             | RIVER HILLS WI                  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD<br>BELL, JAMES D.            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 3900 LEMONT BLVD.               | 2.2 NAME  |  |
| STREET ADDRESS             | MEQUON WI                       | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD<br>GASPAR, GEORGE J.         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 11444 SHORE CLIFF LANE          | 3.2 NAME  |  |
| STREET ADDRESS             | MEQUON WI                       | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SV<br>HACKMAN, GLEN F.          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 990 N. LAKE SHORE DR.           | 4.2 NAME  |  |
| STREET ADDRESS             | CHICAGO IL                      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD<br>MAYER, JOHN III           | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2640 W FAIRY CHASH              | 5.2 NAME  |  |
| STREET ADDRESS             | MILWAUKEE WI                    | 5.3 STREET ADDRESS                                    | 2640 W Fairy Chasm   |
| CITY - ST - ZIP            |                                 | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 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                                   |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY - ST - ZIP                                   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY - ST - ZIP                                   |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY - ST - ZIP                                   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY - ST - ZIP                                   |  |
| 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    | 2640 W Fairy Chasm   |
| 5.4 CITY - ST - ZIP                                   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY - ST - ZIP                                   |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mary Valdes* Mary Valdes Vice President/Controller 2/27/96 (414) 765-3724

CR2E034 (12/95)