

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

**FILED**

**Feb 19 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P00744 (3)**

1. Corporation Name  
**ROBERT W. BAIRD & CO. INCORPORATED**



Principal Place of Business <b>777 EAST WISCONSIN AVENUE MILWAUKEE WI 53202-5302</b>	Mailing Address <b>777 EAST WISCONSIN AVENUE MILWAUKEE WI 53202-5302</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/30/1984</b>	
<b>4.</b> FEI Number <b>39-6037917</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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, 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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KASTEN, G. FREDERICK JR</b>	
STREET ADDRESS	<b>9501 N. RIVER BEND CT.</b>	
CITY-ST-ZIP	<b>RIVER HILLS WI</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELL, JAMES D.</b>	
STREET ADDRESS	<b>3900 LEMONT BLVD.</b>	
CITY-ST-ZIP	<b>MEQUON WI</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GASPAR, GEORGE J.</b>	
STREET ADDRESS	<b>11444 SHORE CLIFF LANE</b>	
CITY-ST-ZIP	<b>MEQUON WI</b>	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	<b>HACKMAN, GLEN F.</b>	
STREET ADDRESS	<b>990 N. LAKE SHORE DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAYER, JOHN III</b>	
STREET ADDRESS	<b>2640 W FAIRY CHASM</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Chairman and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>777 E. Wisconsin Avenue</b>	
1.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Paul E. Purcell</b>	
2.3 STREET ADDRESS	<b>777 E. Wisconsin Avenue</b>	
2.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>	
3.1 TITLE	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>James D. Bell</b>	
3.3 STREET ADDRESS	<b>777 E. Wisconsin Avenue</b>	
3.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>	
4.1 TITLE	Managing Director/Sec'y.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>777 E. Wisconsin Avenue</b>	
4.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>	
5.1 TITLE	Treasurer/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>James M. Zemlyak</b>	
5.3 STREET ADDRESS	<b>777 E. Wisconsin Avenue</b>	
5.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>	
6.1 TITLE	Executive Director of Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Bryce P. Edwards</b>	
6.3 STREET ADDRESS	<b>777 E. Wisconsin Avenue</b>	
6.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>	

**14.** I 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 \_\_\_\_\_

CR2E034 (10/97)