2008 FOR PROFIT CORPORATION

FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90023 004 ***150.00

ANNUAL REPORT					
DOCUMENT # P02267	1				
1. Entity Name					
WISCONSIN DISCOUNT SECURITIES CORPORATION	SEC 16				

1. Entity Nam WISCON		COUNT SECURITI	ES CORPORATION							
7020 N PORT WASHINGTON RD		Mailing Address PO BOX 170648 MILWAUKEE, WI 53217 US			. 		11011 SIBII BIBII BIB	1) 1 1 1 1 1 1 1 1		
2. Principal F	face of Busin	ness - No P.O. Box #	3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008	Chg-P	CR2E	034 (12/06)			
City & Stat	е		City & State		4. FEI Numb				pplied For ot Applicable	
Zip Country Zip		Zip	Country			of Status Desired		\$8.75 Add		
	6. Name	and Address of Current	Registered Agent	· · · · · ·		7. Name and	Address of New	Registered	l Agent	
KOEHLER	. ROBER	T J.		Name	Э					
KOEHLER, ROBERT J. 1285 WINTERBERRY DR. MARCO ISLAND, FL 34145			Stree	Street Address (P.O. Box Number is Not Acceptable)						
				- City		<u>.</u>			Zip Cod	10
8 The above	named entit	y submits this statement for	or the purpose of changing its		or register	ed agent or bo	th in the State of	Florida Lan	<u> </u>	
	ions of regist		inc purpose of changing its	registered office	or register	ed agent, or bo	AII, III IIIe Glate O	rionoa. rai	n (amide With,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT)	: Registered Agent sig	nature required	when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.				00 May Be ed to Fees	\$1.			: ·
	ay 1, 200		7 Trust Fund Cont			ed to Fees	/CHANGES TO O	FFICERS AN	ID DIRECTOR	S IN 11
After M	ay 1, 200	8 Fee will be \$550.	7 Trust Fund Cont	ribution.		ed to Fees		FFICERS AN	ID DIRECTOR Change	S IN 11
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. KOEHLER 04/2/08

414-352-5050

Daytime Phone #