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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:45

DOCUMENT # P02303 (6)

1. Corporation Name
NORTHERN CAPITAL MANAGEMENT INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 6018 EXELSIOR DR.<br>SUITE 300<br>MADISON WI 53717 | 6018 EXELSIOR DR.<br>SUITE 300<br>MADISON WI 53717 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1984
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21: Excelsior
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

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

4. FEI Number: 39-1541077 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

MOSKALIK, RICHARD M.
5700 ESCONDIDA BLVD.
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CTD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOSKALIK, RICHARD M. | 1.2 NAME | |
| STREET ADDRESS | 5700 ESCONDIDA BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | REAMER, NORTON H. | 2.2 NAME | |
| STREET ADDRESS | 1 INTERNATIONAL PL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOSTON MA | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAWK, STEPHEN L. | 3.2 NAME | |
| STREET ADDRESS | 1124 OAK WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADISON WI | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MACLEISH, DONALD E. | 4.2 NAME | |
| STREET ADDRESS | RT. 2 RIVER RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WAUNAKEE WI | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ 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 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: Stephen L Hawk 2/28/95 608-831-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stephen L. Hawk President

0480376 FN