

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

*Amended*

**AMENDED PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
96 AUG 23 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02303 (6)**  
1. Corporation Name  
**NORTHERN CAPITAL MANAGEMENT INCORPORATED**

Principal Place of Business Mailing Address  
**8018 EXCELSIOR DRIVE SUITE 300 MADISON WI 53717-1951 US**      **8018 EXCELSIOR DR. SUITE 300 MADISON WI 53717-1951 US**

3. Date Incorporated or Qualified **06/06/1984**      3a. Date of Last Report **02/12/96**  
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. 190.037 Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**MAC LEISH, DONALD E.  
2011 LAUREL OAK  
PALM CITY, FL 34990**

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 of the person who is the registered agent or the person who is the registered agent's authorized representative      Date of Filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	CTD [ ] DELETE	1. TITLE	<b>400001952301</b>
NAME	<b>HAWK, STEPHEN L.</b>	12. NAME	<b>-08/27/96--01093--005</b>
STREET ADDRESS	<b>1124 OAK WAY</b>	13. STREET ADDRESS	<b>*****61.25 *****61.25</b>
CITY, ST, ZIP	<b>MADISON, WI 53713</b>	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD [ ] DELETE	2. TITLE	
NAME	<b>MURPHY, DANIEL T.</b>	22. NAME	
STREET ADDRESS	<b>3014 WOODLAND TRAIL</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>MIDDLETON, WI 53562</b>	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD [ ] DELETE	3. TITLE	
NAME	<b>MAC LEISH, DONALD E.</b>	32. NAME	
STREET ADDRESS	<b>RT. 2, RIVER ROAD</b>	33. STREET ADDRESS	
CITY, ST, ZIP	<b>WAUNAKEE, WI 53597</b>	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	[ ] DELETE	4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	[ ] DELETE	5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	[ ] DELETE	6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Signature*

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stephen L. Hawk Chairman & CEO**

8/16/96 608-831-8018  
Date Time Phone #

CR2E034 (12/95)