

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03480

1. Corporation Name

FIRSTAR INVESTMENT SERVICES, INC.

Principal Place of Business

777 E. WISCONSIN AVENUE  
MILWAUKEE WI 53202-5302

Mailing Address

777 E. WISCONSIN AVENUE  
MILWAUKEE WI 53202-5302

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90165 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1984

4. FEI Number

39-1455383

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 301 GIBRALTAR DRIVE

Suite, Apt. #, etc.

22 SUITE 2A

City & State

23 MORRIS PLAINS, NJ

Zip

24 07950

Country

25 USA

2a. Mailing Address

26 301 GIBRALTAR DRIVE

Suite, Apt. #, etc.

27 SUITE 2A

City & State

28 MORRIS PLAINS, NJ

Zip

29 07950

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME ASCHOM, KENNETH A  
STREET ADDRESS 777 E. WISCONSIN AVENUE  
CITY-ST-ZIP MILWAUKEE WI 53202 ☒ DELETE

TITLE VS  
NAME BURGESS, RUTH A  
STREET ADDRESS 777 E. WISCONSIN AVENUE  
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ DELETE

TITLE VP  
NAME ENGLE, GARY P  
STREET ADDRESS 777 E WISCONSIN AVE  
CITY-ST-ZIP MILWAUKEE WI 53202 ☒ DELETE

TITLE D  
NAME SCHULZ, WILLIAM J  
STREET ADDRESS 777 E WISCONSIN AVE  
CITY-ST-ZIP MILWAUKEE WI 53202 ☒ DELETE

TITLE D  
NAME FITZSIMONDS, ROGER L  
STREET ADDRESS 777 E. WISCONSIN AVENUE  
CITY-ST-ZIP MILWAUKEE WI 53202 ☒ DELETE

TITLE AVP  
NAME MILLER, TONY C  
STREET ADDRESS 777 E. WISCONSIN AVENUE  
CITY-ST-ZIP MILWAUKEE WI 53202 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT  
1.2 NAME Jonathan P. GABRIEL  
1.3 STREET ADDRESS 301 GIBRALTAR DR SUITE #2A  
1.4 CITY-ST-ZIP MORRIS PLAINS, NJ 07950 ☐ Change ☒ Addition

2.1 TITLE V  
2.2 NAME  
2.3 STREET ADDRESS 301 GIBRALTAR DR SUITE #2A  
2.4 CITY-ST-ZIP MORRIS PLAINS, NJ 07950 ☒ Change ☐ Addition

3.1 TITLE V  
3.2 NAME PETER BONNELL  
3.3 STREET ADDRESS 301 GIBRALTAR DR SUITE #2A  
3.4 CITY-ST-ZIP MORRIS PLAINS, NJ 07950 ☐ Change ☒ Addition

4.1 TITLE V  
4.2 NAME CARLOS J. GUEVARA  
4.3 STREET ADDRESS 301 GIBRALTAR DR SUITE #2A  
4.4 CITY-ST-ZIP MORRIS PLAINS, NJ 07950 ☐ Change ☒ Addition

5.1 TITLE V  
5.2 NAME LENDA RIVERA  
5.3 STREET ADDRESS 301 GIBRALTAR DR SUITE #2A  
5.4 CITY-ST-ZIP MORRIS PLAINS, NJ 07950 ☐ Change ☒ Addition

6.1 TITLE S  
6.2 NAME JENNIE P. CARLSON  
6.3 STREET ADDRESS 301 GIBRALTAR DR SUITE #2A  
6.4 CITY-ST-ZIP MORRIS PLAINS, NJ 07950 ☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 414-765-6232  
Date Daytime Phone #

CR2E034 (11/98)