200	. Ois	FORM BOSI	NESS NEFO	nı	(OD)	n)					
DOCUMENT # POULOU 1. Entity Name							FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA				
F & L Corp.							01 JUN 19 PM 1: 08				
Principal Plac	Mailing Address										
c/o Leah Brandt Same 25 Firstar Center 777 E. Wisconsin Ave., Suite 3800 Milwaukee, WI 53202											
2. Principal F	Place of Busi		3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te		City & State				4 . F	El Number 39-1503087		oplied For ot Applicable	
Zip		Country	Zip	Country			5. C	Pertificate of Status Desired	B.75 Adde Require	ditional	
	6. Name	and Address of Current F	egistered Agent		1	<u>'</u>	7. N	ame and Address of New Registered Ag	ent		
TTo day			Name			·					
Hedrick, Charles V. The Greenleaf Bldg.					Street A	ddress (P.C	Iress (P.O. Box Number is Not Acceptable)				
200 Laura Street Jacksonville, FL 32202											
•					City	FL Zip Code					
SIGNATURE	Signature, typed	d or printed name of registered agent ar gible to satisfy its Intangible	d title if applicable. (NOTE	Registere	id Agent signati	ure required wh		ent, or both, in the State of Florida. DATE 10. Election Campaign Financing	 \$5.0	0 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Make Check Payable								Trust Fund Contribution.		to Fees	
11.	IRECTORS	12.			ADE	DITIONS/CHANGES TO OFFICERS AND D	IRECTOR	3 IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jaspan, Stanley S. 777 E. Wisconsin, S-3800				E IE EET ADDRESS '- ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nolan, Michael S.				e Eet address '-st-zip		□ Change □ Addition				
TITLE NAME STREET ADDRESS STY-ST-ZIP	VAS Fitzgerald, Kevin G. 777 E. Wisconsin, S-3800				E EET ADDRESS - ST-ZIP	-		[] Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP] Change .	Addition			
ITLE TADORESS CITY-ST-ZIP		,	☐ Delete] Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			☐ Delete					·	Change	Addition	

13. 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Stanley S. Jaspan

6/18/01

Date

414-297-5814

Daytime Phone #

CR2E034 (11/00)