FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P34549** **(6)**

1. Corporation Name

LASALLE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
268 REID ST FONTANA WI 53125 US	PO BOX 498 FONTANA WI 53125 US

3. Date Incorporated or Qualified: **07/02/1991**

3a. Date of Last Report: **05/01/1995**

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

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

4. FEI Number: **36-2867620** ☐ 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

DRAPER, L.F.
1 LAS OLAS CIR #614
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Jeffrey B, Smith
82 Street Address (P.O. Box Number is Not Acceptable): Kelley Herman & Mills
83: 1401 East Broward Blvd.
Suite 206
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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] DATE: 4-26-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DRAPER, LEWIS F.		1.2 NAME		
STREET ADDRESS	1 LAS OLAS CIR #614		1.3 STREET ADDRESS	268 Reid Street, Post Office Box 498	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Fontana, WI 53125	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DRAPER, DANIEL S.		2.2 NAME		
STREET ADDRESS	PO BOX 498 NA		2.3 STREET ADDRESS	268 Reid Street, P. O. Box 498	
CITY-ST-ZIP	FONTANA WI		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DROESE, BARBARA		3.2 NAME		
STREET ADDRESS	1 LAS OLAS CIR #614		3.3 STREET ADDRESS	268 Reid Street, P. O. Box 498	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Fontana, WI 53125	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DRAPER, EDITH		4.2 NAME		
STREET ADDRESS	PO BOX 498 NA		4.3 STREET ADDRESS	268 Reid Street, P. O. Box 498	
CITY-ST-ZIP	FONTANA WI		4.4 CITY-ST-ZIP	Fontana, WI 53125	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: [signature] L. F. Draper, President 4/30/96 (414)275-8502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #