

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 # P37365 (4)

1. Corporation Name

REINHART & MAHONEY CAPITAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1537 WEST MARKET STREET
MEQUON WI 53092
US

1537 WEST MARKET STREET
MEQUON WI 53092
US

3. Date Incorporated or Qualified

02/05/1992

3a. Date of Last Report

03/10/1995

4. FEI Number

39-1711628

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

2. Principal Place of Business

2a. Mailing Address

21 1511 W. Market Street

26 1511 W. Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Mequon, WI

28 Mequon, WI

24 Zip 53092

25 Country US

29 Zip 53092

30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, GREG
5811 PELICAN BAY BLVD.
SUITE 100
NAPLES FL 33963

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

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	REINHART, JAMES E.	
STREET ADDRESS	10263 N. RANGE LINE RD.	
CITY-ST-ZIP	MEQUON WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAHONEY, WILLIAM D.	
STREET ADDRESS	512 PARK CREST DR.	
CITY-ST-ZIP	THIENSVILLE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PLAWECKI, RICHARD J	
STREET ADDRESS	3919 E COMMERCE RD	
CITY-ST-ZIP	COMMERCE TOWNSHIP MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEEHAN, LAWRENCE P	
STREET ADDRESS	240 W ASTER LANE	
CITY-ST-ZIP	MEQUON WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHIAPPETTA, KEVIN P	
STREET ADDRESS	3575 JERELIN DRIVE	
CITY-ST-ZIP	FRANKLIN WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRYDEN, JEFFREY L	
STREET ADDRESS	19455 BUCKINGHAM PLACE	
CITY-ST-ZIP	BROOKFIELD WI	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gray, William C.	
1.3 STREET ADDRESS	4657 N. Woodburn Street	
1.4 CITY-ST-ZIP	Whitefish Bay, WI 53211	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fry, Douglas J.	
2.3 STREET ADDRESS	9241 W. Morgan Ave.	
2.4 CITY-ST-ZIP	Milwaukee, WI 53228	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sennett, John F.	
3.3 STREET ADDRESS	1206 E. Fox Lane	
3.4 CITY-ST-ZIP	Fox Point, WI 53217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

James E. Reinhart

1/19/96

414-241-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)