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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # **P37365**

(4)

RFINHART &	MAHONEY CAPITAL	MANAGEMENT.	INC.

undipal Place	of Business	Mailing Address							NAN TILILAK	
1537 WEST MEQUON M US	MARKET STREET II 53092	1537 WEST MARKET MEQUON WI 53092 US	STREET			3. Date Incorpora	ted or Qualified	3a. Da	ite of Last F	Report
						02/05/19	92		03/10/19	
	ace of Business	2a. Mailing Address	-1L OL			4. FEI Number				Applied For
Suite, Apt.	Market Street	26 1511 W. Mai	rket St	reet	· · · · · · · · · · · · · · · · · · ·	39-1711	628			Not Applicab
Stine, April.	#. etc.	Suite, Apt. #, etc.				5. Certificate of S	tatus Desired			5 Additional
City & State		City & State				6. Election Campa	aion Einancina			Required
Mequon	. WI	28 Mequon, WI				Trust Fund Cor	-			May Be
Zip:	L Country	Zip	Coun			8. This corporatio				
53092	[25] US	29 53092	30	US		Florida Statutes				
	9. Name and Address of Current	t Registered Agent		04 1		10. Name and Ad	dress of New R	egistered	d Agent	
TUOMA	0.0050		1	B1 Na	me					
	IS, GREG		Ţ	B2 Str	eet Addre	ss (P.O. Box Number	is Not Acceptab	le)		
SUITE	elican bay blvd.		-	83						
	S FL 33963		L.							
14/11 #=	3 1 2 00000		1	B4 City	У			CI	85 Z	ip Code
Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e name	d corpora	tion submits this state	ement for the pur	nose of d	nanging its	registered of
OF register	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ы - Such change was author	zea by the co	orporatio	on's board	l of directors. I hereby	accept the appo	ointment a	ıs registered	d agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Reinhart

1/19/96

414-241-2020

. J. (B.B.) (B.B.)

Daytime Phone #

CR2E034 (12/95)