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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
**1511 W MARKET ST
MEQUON WI 53092
US**

Mailing Address
**1511 W MARKET ST
MEQUON WI 53092-5063
US**



3. Date Incorporated or Qualified **02/05/1992** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business
21 **1500 W. Market St.**
Suite, Apt. #, etc.
22 **Suite 100**
City & State
23 **Mequon, WI**
Zip Country
24 **53092** 25 **USA**
2a. Mailing Address
26 **1500 W. Market St.**
Suite, Apt. #, etc.
27 **Suite 100**
City & State
28 **Mequon, WI**
Zip Country
29 **53092** 30 **USA**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CDP	REINHART, JAMES E.	10263 N. RANGE LINE RD.	MEQUON WI	<input type="checkbox"/>
S	MAHONEY, WILLIAM D.	512 PARK CREST DR.	THIENSVILLE WI	<input type="checkbox"/>
V	PLAWECKI, RICHARD J	3919 E COMMERCE RD	COMMERCE TOWNSHIP MI	<input checked="" type="checkbox"/>
V	MEEHAN, LAWRENCE P	240 W ASTER LANE	MEQUON WI	<input checked="" type="checkbox"/>
V	GRAY, WILLIAM C	4657 N WOODBURN ST	WHITEFISH BAY WI	<input checked="" type="checkbox"/>
V	BRYDEN, JEFFREY L	19455 BUCKINGHAM PLACE	BROOKFIELD WI	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14 241-2020

CR2E034 (9/96)