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Mar 13 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 # **P37617** (8)
1. Corporate Name
ZIEGLER ASSET MANAGEMENT, INC.



Principal Place of Business: **215 NORTH MAIN ST., WEST BEND WI 53095**
Mailing Address: **215 NORTH MAIN ST., WEST BEND WI 53095-3317**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/18/1992	3a. Date of Last Report 01/25/1996
21. State Abbreviation	26. Suite, Apt. #, etc.	4. FEI Number 39-1701101	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PING, RONALD D.
500 N. MAITLAND AVE., SUITE 111
MAITLAND FL 32751-4440**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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, transfer the wife, and accept the obligations of, Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p><input type="checkbox"/> DELETE</p> <p>C ZIEGLER, ROBERT D. 215 N. MAIN ST. WEST BEND WI</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>11. TITLE Vice President 12. NAME Jay Ferrara, Jr. 13. STREET ADDRESS 215 N. Main Street 14. CITY - ST - ZIP West Bend, WI 53095</p>
<p><input checked="" type="checkbox"/> DELETE</p> <p>PCD VANVOOREN, VERNON C. 215 N. MAIN ST. WEST BEND WI 53095</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>21. TITLE Vice President 22. NAME Ralph F. Patek 23. STREET ADDRESS 215 N. Main Street 24. CITY - ST - ZIP West Bend, WI 53095</p>
<p><input type="checkbox"/> DELETE</p> <p>VD ZIEGLER, PETER D. 215 N. MAIN ST. WEST BEND WI</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>31. TITLE Vice President 32. NAME David R. Wyatt 33. STREET ADDRESS 215 N. Main Street 34. CITY - ST - ZIP West Bend, WI 53095</p>
<p><input type="checkbox"/> DELETE</p> <p>V DION, MARC J. 215 N. MAIN ST. WEST BEND WI</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>41. TITLE Vice President 42. NAME Robert J. Tuszynski 43. STREET ADDRESS 215 N. Main Street 44. CITY - ST - ZIP West Bend, WI 53095</p>
<p><input type="checkbox"/> DELETE</p> <p>S JANINE R. SCHMIDT 215 N. MAIN ST. WEST BEND WI</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>51. TITLE Secretary 52. NAME Janine R. Yovanovich 53. STREET ADDRESS 215 N. Main Street 54. CITY - ST - ZIP West Bend, WI 53095</p>
<p><input type="checkbox"/> DELETE</p> <p>T VAN HORN, LYNN R. 215 N. MAIN ST. WEST BEND WI</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>61. TITLE Vice President 62. NAME David L. Lauterbach 63. STREET ADDRESS 100 E. Wisconsin Avenue, Suite 1850 64. CITY - ST - ZIP Milwaukee, WI 53202</p>

14. I declare by certifying 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 supplementary 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 Part 12 or Part 13 if changed, or on an attachment with an address.

SIGNATURE: *Geoffrey G. Maclay, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Geoffrey G. Maclay, Jr.

3/7/97 414/334-5521
Date Date of Filing

CR2E034 (9/96)