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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:10

DOCUMENT # 821336 (5)

1. Corporation Name
COST OF WISCONSIN, INC.

Principal Place of Business	Mailing Address
W172N13050 DIVISION ROAD [redacted] GERMANTOWN W 53022 US	W172N13050 DIVISION ROAD [redacted] GERMANTOWN W 53022 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1968
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21: W172 N13050 DIVISION RD
22: Suite, Apt. #, etc.
23: City & State: GERMANTOWN, WI
24: Zip: 53022 Country: 25: U.S

2a. Mailing Address
26: W172 N13050 DIVISION RD
27: Suite, Apt. #, etc.
28: City & State: GERMANTOWN, WI
29: Zip: 53022 Country: 30: US

4. FEI Number: 39-1089478 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D. ☒ Change ☐ Addition
NAME	STANWYCK,JON J	1.2 NAME	STANWYCK, JON J.
STREET ADDRESS	3515 BIRNAMWOOD DR.	1.3 STREET ADDRESS	3855 NWY L
CITY-ST-ZIP	SLINGER WI	1.4 CITY-ST-ZIP	CEDAR CREEK, WI 53095
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, FREDERICK L.	2.2 NAME	
STREET ADDRESS	3809 NAGAWICKA SHORES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTLAND WI	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ULLIUS, FREDERICK G.	3.2 NAME	
STREET ADDRESS	4820 HILLSIDE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BEND WI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [redacted] FREDERICK L. CHAPMAN 1/17/95 414-255-4220
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0480107 FP