2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 08:00 AM
Secretary of State

DOCUMENT # 821336

1. Entity Name
COST OF WISCONSIN, INC.

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

2. Principal Place of Business	3. Mailing Address
W172N13050 DIVISION ROAD	W172N13050 DIVISION ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GERMANTOWN WI	City & State: GERMANTOWN WI
Zip: 53022 Country: US	Zip: 53022 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1089478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ________________ 02/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	ST ☐ Delete	☐ Change ☐ Addition
NAME	SCHRIEBER ROGER	
STREET ADDRESS	W 172 N 13050 DIVISION RD	
CITY-ST-ZIP	GERMANTOWN WI 53022	
TITLE	PD ☐ Delete	☐ Change ☐ Addition
NAME	STANWYCK,JON J	
STREET ADDRESS	11125 N WHILTON RD	
CITY-ST-ZIP	MEQUON WI 53097	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SCHRIEBER ST 02/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #