

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005214

FILED
Jul 06, 2007
Secretary of State

Entity Name: M&I SUPPORT SERVICES CORP.

Current Principal Place of Business:

770 N WATER ST
MILWAUKEE, WI 53202

New Principal Place of Business:

Current Mailing Address:

770 N WATER ST
MILWAUKEE, WI 53202

New Mailing Address:

FEI Number: 39-1791830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: ROBERTS, JOHN L
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: VC () Delete
Name: O'NEILL, THOMAS J
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: D () Delete
Name: ELLIS L, THOMAS R
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: D () Delete
Name: KREI, KENNETH C
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: VP () Delete
Name: VOSS, JOHN
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: S () Delete
Name: MCBRIDE, GINA
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, JOHN L
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: VP (X) Change () Addition
Name: O'NEILL, THOMAS J
Address: 770 N WATER ST
City-St-Zip: MILWAUKEE, WI 53202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA MCBRIDE

S

07/06/2007

Electronic Signature of Signing Officer or Director

_____ Date