

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000830 (0)**

1. Corporation Name

WISCONSIN MANAGEMENT COMPANY, INC.



Principal Place of Business

Mailing Address

2040 S. PARK ST.
MADISON WI 53713
US

2040 S. PARK ST.
MADISON WI 53713
US

3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
39-1278530

Applied For
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLDEN, CHARLES I JR.
2700-C NW 43RD STREET
GAINESVILLE FL 32606**

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

Signature type or print for a fee. This space is for the signature of the registered agent.

Print. Registered Agent signature is not needed for filing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TC	<input type="checkbox"/> DELETE
NAME	VAN ROOY, CARL J	
STREET ADDRESS	1030 N. COLLEGE AVENUE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENDRES, RUSSELL	
STREET ADDRESS	2040 S. PARK STREET	
CITY-ST-ZIP	MADISON WI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SENKE, KEVIN C.	
STREET ADDRESS	2040 S. PARK STREET	
CITY-ST-ZIP	MADISON WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEUSCHLE, SHARON	
STREET ADDRESS	2040 S. PARK STREET	
CITY-ST-ZIP	MADISON WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MIZER, KAREN	
STREET ADDRESS	117 S.E. 16TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALLWES, RICK	
STREET ADDRESS	2040 S. PARK ST	
CITY-ST-ZIP	MADISON WI	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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(9)(k), 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: *Sharon L. Deuschle* SHARON L. DEUSCHLE 2/16/96 258-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)