

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90051 041 ***150.00

DOCUMENT # F00000005271
 1. Entity Name
CONTINENTAL PLAN SERVICES, INC.

Principal Place of Business 3100 AMS BLVD GREEN BAY WI 54313	Mailing Address 3100 AMS BLVD GREEN BAY WI 54313
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 39-1804305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD MILLER, SAMUEL V 3100 AMS BLVD GREEN BAY WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUENGERICH, GARY D 3100 AMS BLVD GREEN BAY WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, TIMOTHY J 3100 AMS BLVD GREEN BAY WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, CAROL P 3100 AMS BLVD GREEN BAY WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESTPHAL, SCOTT B 3100 AMS BLVD GREEN BAY WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WIRCH, JOHN R 3100 AMS BLVD GREEN BAY WI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cheryl A. Thomson* **01-05-01** (920) 661-3078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cheryl A. Thomson, Assistant Secretary

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

Attachments

#F00006005271

00062160

CONTINENTAL PLAN SERVICES, INC.

OFFICERS:

President

**Samuel V. Miller
3100 AMS Boulevard
Green Bay, WI 54313**

Executive Vice President & CFO

**Gary D. Guengerich
3100 AMS Boulevard
Green Bay, WI 54313**

**Sr. Vice President of Corporate Affairs,
General Counsel & Secretary**

**Timothy J. Moore
3100 AMS Boulevard
Green Bay, WI 54313**

Executive Vice President of Operations

**Thomas G. Zielinski
3100 AMS Boulevard
Green Bay, WI 54313**

Executive Vice President & Chief Actuary

**James C. Modaff
3100 AMS Boulevard
Green Bay, WI 54313**

Sr. Vice President Sales & Marketing

**Christopher N. Earl
3100 AMS Boulevard
Green Bay, WI 54313**

Vice President & Treasurer

**Carol P. Sanders
3100 AMS Boulevard
Green Bay, WI 54313**

Vice President, Actuarial

**Scott B. Westphal
3100 AMS Boulevard
Green Bay, WI 54313**

Vice President, Human Resources

**John R. Wirch
3100 AMS Boulevard
Green Bay, WI 54313**

Vice President, Controller

**James E. Prochnow
3100 AMS Boulevard
Green Bay, WI 54313**



Attachments
F00000005071
D0002166

Assistant Secretary

**Julie A. Van Straten
3100 AMS Boulevard
Green Bay, WI 54313**

Assistant Secretary

**Cheryl A. Thomson
3100 AMS Boulevard
Green Bay, WI 54313**

DIRECTORS:

Director

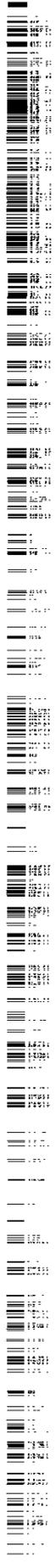
**Samuel V. Miller
3100 AMS Boulevard
Green Bay, WI 54313**

Director

**Gary D. Guengerich
3100 AMS Boulevard
Green Bay, WI 54313**

Director

**Timothy J. Moore
3100 AMS Boulevard
Green Bay, WI 54313**





Attachments
FOOOOOO5271
DUO2160

January 5, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**RE: 2001 Uniform Business Report
Continental Plan Services, Inc.**

Dear Sir or Madam:

Enclosed is our 2001 Uniform Business Report for Continental Plan Services, Inc. which is due May 1, 2001 along with our check in the amount of \$150.00 in payment of the filing fee.

If you have any questions, or if I can be of any further assistance, please do not hesitate to call me at (920) 661-1019. Thank you.

Very truly yours,

Nancy L. Hawley
Legal Department

Enclosure