

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90028 030 ***550.00

DOCUMENT # F93000000830

1. Entity Name

WISCONSIN MANAGEMENT COMPANY, INC.

Principal Place of Business

**2040 S. PARK ST.
MADISON WI 53713
US**

Mailing Address

**2040 S. PARK ST.
MADISON WI 53713
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1278530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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!
After MAY 1, 2001
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	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	NICO, RICHARD	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for 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 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:

Sharon L. Deuschle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

608 258-2080

Daytime Phone #

CR2E034 (10/00)