2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006
Secretary of State

DOCUMENT# F93000000830

Entity Name: WISCONSIN MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

2040 S. PARK ST.
MADISON, WI 53713 US

New Principal Place of Business:

Current Mailing Address:

1030 N. COLLEGE AVE
INDIANAPOLIS, IN 46202 US

New Mailing Address:

FEI Number: 39-1278530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICO, RICHARD
302 SOUTHWEST SIXTH STREET
WALDO, FL 32694 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TC ( ) Delete
Name: VAN ROOY, CARL J
Address: 1030 N. COLLEGE AVENUE
City-St-Zip: INDIANAPOLIS, IN

Title: D ( ) Delete
Name: ENDRES, RUSSELL
Address: 2040 S. PARK STREET
City-St-Zip: MADISON, WI

Title: VS ( ) Delete
Name: SENKE, KEVIN C.
Address: 2040 S. PARK STREET
City-St-Zip: MADISON, WI

Title: V ( ) Delete
Name: DEUSCHLE, SHARON
Address: 1030 N COLLEGE AVE
City-St-Zip: INDIANAPOLIS, IN

Title: V ( ) Delete
Name: BALLWEG, RICK
Address: 2040 S. PARK ST
City-St-Zip: MADISON, WI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON DEUSCHLE VP 05/23/2006

Electronic Signature of Signing Officer or Director Date