

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005680

FILED
Mar 27, 2009
Secretary of State

Entity Name: MEDISERVE INSURANCE SERVICES, INC.

Current Principal Place of Business:

9655 SOUTH 20TH STREET
OAK CREEK, WI 53154

New Principal Place of Business:

Current Mailing Address:

9655 SOUTH 20TH STREET
OAK CREEK, WI 53154

New Mailing Address:

FEI Number: 01-0549235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVSD () Delete
Name: POLASKI, MICHAEL H
Address: 321 E. OAKWOOD RD.
City-St-Zip: OAK CREEK, WI 53154

Title: T () Delete
Name: OBERDORF, KENNETH R
Address: N2281 LAKEWOOD LANE
City-St-Zip: CHILTON, WI 53014

Title: MGR () Delete
Name: POLASKI, MICHAEL J
Address: 224 E. OAKWOOD RD.
City-St-Zip: OAK CREEK, WI 53154

Title: MGR (X) Delete
Name: SAULL, ROBERT K
Address: 760 WHITE WILLOW BAY
City-St-Zip: PALATINE, IL 60067

Title: MGR (X) Delete
Name: FALLICO, JOSEPH A
Address: 3410 FOXWOOD ROAD
City-St-Zip: RACINE, WI 53405

Title: MGR (X) Delete
Name: WILLIAMS, GERALD G
Address: N2301 LAKEWOOD LANE
City-St-Zip: CHILTON, WI 53014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: POLASKI, MICHAEL H
Address: 321 E. OAKWOOD RD.
City-St-Zip: OAK CREEK, WI 53154

Title: PRES (X) Change () Addition
Name: FALLICO, JOSEPH A
Address: 4828 LESLIE ANN LANE
City-St-Zip: RACINE, WI 53403

Title: VP (X) Change () Addition
Name: POLASKI, MICHAEL J
Address: 224 E. OAKWOOD RD.
City-St-Zip: OAK CREEK, WI 53154

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: MICHAEL H. POLASKI

CEO

03/27/2009

Electronic Signature of Signing Officer or Director

Date