

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000597 (6)**

1. Corporation Name
UNIVERSITY ACCOUNTING SERVICE, INC.



Principal Place of Business: **180 N. FOURTH EXECUTIVE DRIVE, BROOKFIELD WI 53005**
Mailing Address: **180 N. FOURTH EXECUTIVE DRIVE, BROOKFIELD WI 53005**

2. Principal Place of Business: **21 180 N Executive Dr**
Suite, Apt. #, etc.:
City & State: **22**
Zip: **24** Country: **25**
2a. Mailing Address: **26 180 N Executive Dr**
Suite, Apt. #, etc.:
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

3. Date Incorporated or Qualified: **12/10/1992**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **39-1357406** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT: _____ (NOTE: Filing Fee is \$225.00 for this change.)
12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUNCHES, DENNIS G		2. NAME	
STREET ADDRESS	725 N. A1A, SUITE C210		13. STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33477		14. CITY-STATE-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGEL, WILLIAM W		22. NAME	
STREET ADDRESS	4840 HUBERTUS ROAD		23. STREET ADDRESS	
CITY-STATE-ZIP	HUBERTUS WI		24. CITY-STATE-ZIP	53033
TITLE	SD	<input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARBY, NEAL R		32. NAME	
STREET ADDRESS	S48 W33276 ONHISH DRIVE		33. STREET ADDRESS	548 W33276 ONISH Dr
CITY-STATE-ZIP	DOUSMAN WI		34. CITY-STATE-ZIP	53118
TITLE	T	<input type="checkbox"/> DELETE	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHMANN, JAMES R		42. NAME	
STREET ADDRESS	N41 W25213 LISBON ROAD		43. STREET ADDRESS	N51 W25213 Lisbon Rd
CITY-STATE-ZIP	PEWAUKEE WI 53072		44. CITY-STATE-ZIP	531
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY-STATE-ZIP			54. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY-STATE-ZIP			64. CITY-STATE-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(3)(b), 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: James R. Bohmann James R Bohmann 4-1-96 414-780-7352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)