

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P92000000597
 1. Corporation Name
University Accounting Service, Inc.

Principal Place of Business	Mailing Address
180 N. Executive Dr. Brookfield, WI 53005	180 N. Executive Dr. Brookfield, WI 53005

2. Principal Place of Business	2a. Mailing Address
21 180 N. Executive Dr. <small>State, Apt. #, etc.</small>	26 180 N. Executive Dr. <small>Suite, Apt. #, etc.</small>
22 <small>City & State</small>	27 <small>City & State</small>
23 Brookfield, WI <small>Zip Country</small>	28 Brookfield, WI <small>Zip Country</small>
24 53005	25 Waukesha
29 53005	30 Waukesha

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

9. Name and Address of Current Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
	800002163248
83	-05/02/97--01029--037
84 City	85 Zip Code
***165.00	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		1.2 NAME	William W. Kage1
3. CITY, ST., ZIP		1.3 STREET ADDRESS	4840 Hubertus Road
4. TITLE	<input type="checkbox"/> DELETE	1.4 CITY, ST., ZIP	Hubertus, WI 53033
5. NAME		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		2.2 NAME	James R. Bohmann
7. CITY, ST., ZIP		2.3 STREET ADDRESS	Secretary & Vice President
8. TITLE	<input type="checkbox"/> DELETE	2.4 CITY, ST., ZIP	N51W25213 Lisbon Rd.
9. NAME		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	Treasurer
11. CITY, ST., ZIP		3.3 STREET ADDRESS	William W. Kage1
12. TITLE	<input type="checkbox"/> DELETE	3.4 CITY, ST., ZIP	4840 Hubertus Road
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	Vice President & Director
15. CITY, ST., ZIP		4.3 STREET ADDRESS	Timothy G. Beffa
16. TITLE	<input type="checkbox"/> DELETE	4.4 CITY, ST., ZIP	2015 Kingspointe Dr.
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	Director
19. CITY, ST., ZIP		5.3 STREET ADDRESS	David E. King
20. TITLE	<input type="checkbox"/> DELETE	5.4 CITY, ST., ZIP	382 Harris Rd, Bedford Hills, NY
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	Director
23. CITY, ST., ZIP		6.3 STREET ADDRESS	Tyler T. Zachem
24. TITLE	<input type="checkbox"/> DELETE	6.4 CITY, ST., ZIP	300 E 56th St. Apt #32H
			New York, NY 10022

14. I declare by certifying that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **4-29-97** **414-780-7352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CFR2E034 (9/96)