


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

FILED

**Apr 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000597 (6)
 1. Corporation Name
UNIVERSITY ACCOUNTING SERVICE, INC.



Principal Place of Business 180 N. EXECUTIVE DR BROOKFIELD WI 53005 US	Mailing Address 180 N. EXECUTIVE DR. BROOKFIELD WI 53005 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 12/10/1992	
4. FEI Number 39-1357406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or <u>has paid</u> the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T 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)
83
84 City
85 Zip Code

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WILLIAM, KAGEL
STREET ADDRESS	4840 HUBERTUS ROAD
CITY-ST-ZIP	HUBERTUS WI 53033
TITLE	SVP <input type="checkbox"/> DELETE
NAME	BOHMANN, JAMES
STREET ADDRESS	N51W25213 LISBON ROAD
CITY-ST-ZIP	PEWUAKEE WI 53072
TITLE	T <input type="checkbox"/> DELETE
NAME	KAGEL, WILLIAM R
STREET ADDRESS	2015 KINGSPONTE DRIVE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BEFFA, TIMOTHY G
STREET ADDRESS	2015 KINGSPONTE DRIVE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	D <input type="checkbox"/> DELETE
NAME	KING, DAVID
STREET ADDRESS	382 HARRIS ROAD
CITY-ST-ZIP	BEDFORD HILLS NY
TITLE	D <input type="checkbox"/> DELETE
NAME	ZACHEM, TYLER T
STREET ADDRESS	300 E 56TH STREET APT #32H
CITY-ST-ZIP	NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kagel, William W.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4840 Hubertus Rd.
3.4 CITY-ST-ZIP	Hubertus, WI 53033
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	St. Louis, MO 63005
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Bedford Hills, NY 10507
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (10/97)