

**AMENDED**

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

FILED

Jun 02 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F9200000597  
 1. Corporation Name  
 UNIVERSITY ACCOUNTING SERVICE, INC,

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

Amended

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/10/1992	
22. Suite, Apt #, etc		27. Suite, Apt #, etc.		4. FEI Number	
23. City & State		28. City & State		39-1357406	
24. Zip		29. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid 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				10. Name and Address of New 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

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	
TITLE	President/Treasurer	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William W. Kagel	1.2 NAME	
STREET ADDRESS	4048 Hubertus Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hubertus, WI 53033	1.4 CITY-ST-ZIP	
TITLE	Vice President/Secretary	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Bohmann	2.2 NAME	
STREET ADDRESS	N51 W25213 Lisbon Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Rewauee, WI 53072	2.4 CITY-ST-ZIP	
TITLE	Vice President/Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy G. Beffa	3.2 NAME	
STREET ADDRESS	2015 Kingspointe Dr	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO 63005	3.4 CITY-ST-ZIP	
TITLE	Assistant Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard C. Hoffman	4.2 NAME	
STREET ADDRESS	12434 Maret Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO 63127	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002545546
STREET ADDRESS		6.3 STREET ADDRESS	-06/03/98--01023--011
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 supplement to 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 5/14/98 (414) 780-7461  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Fee \$

CR2E034 (10/97)