


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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90072 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000597**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/10/1992	4. FEI Number 39-1357406	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Paid 2/99</i>

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 FL 85 Zip Code
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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 PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAGEL, WILLIAM W		1.2 NAME	
STREET ADDRESS 4840 HUBERTUS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP HUBERTUS WI 53033		1.4 CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOHMANN, JAMES		2.2 NAME	
STREET ADDRESS N51W25213 LISBON ROAD		2.3 STREET ADDRESS 5656 County Line RD.	
CITY-ST-ZIP PEWUAKEE WI 53072		2.4 CITY-ST-ZIP Oolgate WI 53017	
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN, RICHARD		3.2 NAME	
STREET ADDRESS 12434 MARET DR.		3.3 STREET ADDRESS 6238 Westminster Place	
CITY-ST-ZIP ST. LOUIS MO 63127		3.4 CITY-ST-ZIP St. Louis MO 63130	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEFFA, TIMOTHY G		4.2 NAME	
STREET ADDRESS 2015 KINGSPONTE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP ST LOUIS MO 63005		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *James R. Bohmann* SIGNATURE REQUIRED James R. Bohmann 3/25/99 (414) 780-7461  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)