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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F93000000830 (0)

1. Corporation Name

WISCONSIN MANAGEMENT COMPANY, INC.

Principal Place of Business

2040 S. PARK ST.  
MADISON WI 53713  
US

Mailing Address

2040 S. PARK ST.  
MADISON WI 53713  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1993

4. FEI Number

39-1278530

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR.  
2700-C NW 43RD STREET  
GAINESVILLE FL 32608

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

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

Signature, typed or printed name of registered agent and title. Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TC  
STREET ADDRESS VAN ROOY, CARL J  
CITY-ST-ZIP 1030 N. COLLEGE AVENUE  
INDIANAPOLIS IN

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ENDRES, RUSSELL  
CITY-ST-ZIP 2040 S. PARK STREET  
MADISON WI

TITLE ☐ DELETE  
NAME VS  
STREET ADDRESS SENKE, KEVIN C.  
CITY-ST-ZIP 2040 S. PARK STREET  
MADISON WI

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS DEUSCHLE, SHARON  
CITY-ST-ZIP 2040 S. PARK STREET  
MADISON WI

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MIZER, KAREN  
CITY-ST-ZIP 117 S.E. 16TH AVE  
GAINESVILLE FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BALLWES, RICK  
CITY-ST-ZIP 2040 S. PARK ST  
MADISON WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Sharon L. Deuschle

4/15/98 608 258-2080

CR2E034 (10/97)