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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000830**

1. Corporation Name
WISCONSIN MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
2040 S. PARK ST. MADISON WI 53713 US	2040 S. PARK ST. MADISON WI 53713 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/17/1993

4. FEI Number: 39-1278530 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR.
2700-C NW 43RD STREET
GAINESVILLE FL 32606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN ROOY, CARL J		1.2 NAME		
STREET ADDRESS	1030 N. COLLEGE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ENDRES, RUSSELL		2.2 NAME		
STREET ADDRESS	2040 S. PARK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SENKE, KEVIN C.		3.2 NAME		
STREET ADDRESS	2040 S. PARK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEUSCHLE, SHARON		4.2 NAME		
STREET ADDRESS	2040 S. PARK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	MIZER, KAREN		5.2 NAME	Richard Nico	
STREET ADDRESS	117 S.E. 16TH AVE		5.3 STREET ADDRESS	117 S.E. 16TH AVE	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BALLWES, RICK		6.2 NAME		
STREET ADDRESS	2040 S. PARK ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Sharon L. Deuschle SIGNATURE REQUIRED SHARON L. DEUSCHLE 4/14/99 608 258-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #