## **2003 FOR PROFIT CORPORATION**

UN	HFORN	M BUSINES:	S REPOR	T (UBR	)		m 27, 20		
DOCUMENT # F9300000830  1. Entity Name						Secretary of State 01-27-2003 90379 007 ***150.00			
WISCON	SIN MANA(	GEMENT COMPANY,	INC.						
Principal Place of Business 2040 S. PARK ST. MADISON WI 53713 US			Mailing Address 2040 S. PARK ST. MADISON WI 53713 US						
2. Principal Place of Business			3. Mailing Address				<b>ij</b> ( <b>ilië)</b> (ilie <b>20</b> )14 <b>06</b> 14 <b>00</b> 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 39-1278530 Applied For Not Applicable			
Zip Country			Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
			7. Name and A	ddress of New Regis	tered Agent				
				Name_			-		
NICO, RIO 302 SOU	chard Thwest sixt	H STREET		Street A	Street Address (P.O. Box Number is Not Acceptable)				
WALDO FL 32694									
		•		City				FL Zip Code	9
	e named entity s tions of registere	ubmits this statement for the ped agent.	ourpose of changing its	registered office o	r registere	ed agent, or both,	in the State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or p	printed name of registered agent and title	if applicable. (NOT	E: Registered Agent signat	ture required	when reinstating)		DATE	<del></del>
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of Stat	e l				on Campaign Financi Fund Contribution.		0 May Be to Fees
10.		OFFICERS AND DIREC	CTORS	11.		ADDITIONS/CH	HANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE	TC		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VAN ROOY, 1030 N. CO INDIANAPOL	llege avenue		NAME STREET ADDRESS CITY-ST-ZIP				,	
TITLE	D		Delete	TITLE	<u> </u>			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ENDRES, RU 2040 S. PAF MADISON W	rk street	Delete	NAME STREET ADDRESS CITY-ST-ZIP				Gridings	
TITLE NAME	vs Senke, kev	/IN C.	☐ Delete	- TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2040 S. PAF MADISON W			STREET ADDRESS CITY-ST-ZIP					
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		☐ Delete	TITLE				K Change	☐ Addition
NAME STREET ADDRESS	DEUSCHLE,			NAME STREET ADDRESS	10:	30 N.C	ollege HVE		}
CITY-ST-ZIP	2040 S. PAF MADISON W			CITY-ST-ZIP	ir	ndianapo	ollege Ave lis, IN	000	
TITLE	V		Delete	TITLE				Change	☐ Addition
NAME	BALLWEG, F			NAME					
STREET ADDRESS CITY-ST-ZIP	2040 S. PAF MADISON W			STREET ADDRESS CITY-ST-ZIP					
TITLE	THE COLUMN	1	☐ Delete	TITLE				Change	☐ Addition
NAME				NAME					_
STREET ADDRESS				STREET ADDRESS	1				Í

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment of the anaddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP