


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005258
 1. Entity Name
WAUSAU FINANCIAL SYSTEMS, INC.



Principal Place of Business: **875 INDIANHEAD BLVD MOSINEE, WI 54455**
 Mailing Address: **PO BOX 37 MOSINEE, WI 54455**

DO NOT WRITE IN THIS SPACE



08262004 No Chg-P CR2E034 (10/03)
 4. FEI Number **39-1620250** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHEFFIELD, FRANK E
906 THOMASVILLE RD
TALLAHASSEE, FL 32302

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD WEIRAUCH, ROBERT F 1703 MADISON WAUSAU, WI 54401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD RAJEK, ROBERT A 2120 WESTON AVENUE SCHOFIELD, WI 54476 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD NOHELTY, THOMAS 228 GREENWOOD DR ROTHSCHILD, WI 54474 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD KRAUSE, LAWRENCE 688 HAPPY HOLLOW RD MOSINEE, WI 54455 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD PITMAN, J. MARK 2400 GROUSE LANE WAUSAU, WI 54401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KOCI, JOHN E POLZER DRIVE WAUSAU, WI 54401 |

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 08/30/04-80011-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 with an address, with all other like empowered.

SIGNATURE: LAWRENCE KRAUSE CEO 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/26/04 Daytime Phone #: 715 359 0427