

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90053 027 ***150.00

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**

50009364



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
39-1620250

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEFFIELD, FRANK E
 906 THOMASVILLE RD
 TALLAHASSEE, FL 32302**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing, Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
CEO
 NAME **WEIRAUCH, ROBERT F**
 STREET ADDRESS **1703 MADISON**
 CITY-ST-ZIP **WAUSAU, WI 54401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD
 NAME **RAJEK, ROBERT A**
 STREET ADDRESS **2120 WESTON AVENUE**
 CITY-ST-ZIP **SCHOFIELD, WI 54476**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD
 NAME **NOHELTY, THOMAS**
 STREET ADDRESS **228 GREENWOOD DR**
 CITY-ST-ZIP **ROTHSCHILD, WI 54474**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
TD
 NAME **KRAUSE, LAWRENCE**
 STREET ADDRESS **688 HAPPY HOLLOW RD**
 CITY-ST-ZIP **MOSINEE, WI 54455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD
 NAME **PITMAN, J. MARK**
 STREET ADDRESS **2400 GROUSE LANE**
 CITY-ST-ZIP **WAUSAU, WI 54401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
PD
 NAME **KOCI, JOHN E**
 STREET ADDRESS **POLZER DRIVE**
 CITY-ST-ZIP **WAUSAU, WI 54401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 as an attachment with an address, with all other like empowered.

SIGNATURE

Lawrence Krause

LAWRENCE KRAUSE

1/14/05

715.241.2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #