

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005258

FILED
Jul 12, 2007
Secretary of State

Entity Name: WAUSAU FINANCIAL SYSTEMS, INC.

Current Principal Place of Business:

875 INDIANHEAD BLVD
MOSINEE, WI 54455

New Principal Place of Business:

Current Mailing Address:

PO BOX 37
MOSINEE, WI 54455

New Mailing Address:

FEI Number: 39-1620250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: DELGADILLO, JOSEPH L
Address: 9510 VENETIAN WAY
City-St-Zip: SCHOFIELD, WI 54476

Title: VCFO () Delete
Name: SCHMIDT, STEVEN A
Address: 4014 BRIARWOOD AVE
City-St-Zip: WAUSAU, WI 54403

Title: V (X) Delete
Name: PITMAN, MARK J
Address: 2400 GROUSE LN
City-St-Zip: WAUSAU, WI 54401

Title: STD () Delete
Name: GLANDFORD, PATRICK M
Address: 2669 NORTH BURLING
City-St-Zip: CHICAGO, IL 60614

Title: D () Delete
Name: COWIE, JAMES E
Address: 222 CUMBERLAND AVE
City-St-Zip: KENILWORTH, IL 60043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: DELGADILLO, JOSEPH L
Address: 13105 NW SHORELAND DRIVE
City-St-Zip: MEQUON, WI 53097

Title: VCFO (X) Change () Addition
Name: COPPENS, STUART K
Address: 4607 SWAN AVENUE
City-St-Zip: WAUSAU, WI 54401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BLANDFORD, PATRICK M
Address: 2669 NORTH BURLING
City-St-Zip: CHICAGO, IL 60614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN E WHITE

_____ Electronic Signature of Signing Officer or Director

CTRL

07/12/2007

_____ Date