

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005258

FILED  
May 01, 2008  
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: 13105 NW SHORELAND DRIVE  
City-St-Zip: MEQUON, WI 53097

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

Title: STD ( ) Delete  
Name: BLANDFORD, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVP (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: ( ) 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: STUART COPPENS

EVP

05/01/2008

Electronic Signature of Signing Officer or Director

Date