

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91889 007 \*\*\*150.00

0689063 AB

**DOCUMENT # F94000005258**

1. Entity Name  
**WAUSAU FINANCIAL SYSTEMS, INC.**



Principal Place of Business  
**9 INDIANHEAD DR  
MOSINEE WI 54455**

Mailing Address  
**PO BOX 37  
MOSINEE WI 54455**

**11040344**



2. Principal Place of Business  
**875 INDIANHEAD BLVD**

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **39-1620250**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/29/03*

Date Daytime Phone #

CR2E034 (10/02)