

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006019 (3)**

1. Corporation Name

**CONTINENTAL PLAN SERVICES, INC.**

Principal Place of Business

**3100 AMS BOULEVARD  
GREEN BAY WI 54313**

Mailing Address

**3100 AMS BOULEVARD  
GREEN BAY WI 54313-9700**



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>11/22/1994</b>	<b>3a. Date of Last Report</b> <b>02/06/1996</b>
<b>4. FEI Number</b> <b>39-1804305</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P/O
NAME	HILLIARD, WALLACE J	1.2 NAME	
STREET ADDRESS	4443 INDIAN TRAILS	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI	1.4 CITY-ST-ZIP	54313
TITLE	VD	2.1 TITLE	
NAME	WEYERS, RONALD A	2.2 NAME	
STREET ADDRESS	3687 LOST DAUPHIN RD	2.3 STREET ADDRESS	P.O. BOX 12057 "N/A"
CITY-ST-ZIP	DE PERE WI	2.4 CITY-ST-ZIP	Green Bay WI 54307
TITLE	SD	3.1 TITLE	S
NAME	DOLATA, TIMOTHY J	3.2 NAME	
STREET ADDRESS	3348 PIONEER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI	3.4 CITY-ST-ZIP	54313
TITLE		4.1 TITLE	T
NAME		4.2 NAME	Timothy L. Day
STREET ADDRESS		4.3 STREET ADDRESS	330 Sumac Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Green Bay WI 54313
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** I do 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 annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

*Timothy L. Day*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

Date

414-661-1111

Daytime Phone #

CR2E034 (9/96)