

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000003278**

1. Entity Name

**MARSHALL & ILSLEY CORPORATION****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90021 040 \*\*\*150.00

Principal Place of Business

Mailing Address

**4900 W. BROWN DEER ROAD  
BROWN DEER WI 53223****4900 W. BROWN DEER ROAD  
BROWN DEER WI 53223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **39-0968604**

Applied For

Not Applicable

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****CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KUESTER, DENNIS</b>	
STREET ADDRESS	<b>770 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>GUNNLAUGSSON, GORDON CFO</b>	
STREET ADDRESS	<b>770 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	
TITLE	<b>SVPS</b>	<input type="checkbox"/> Delete
NAME	<b>HATFIELD, MICHAEL</b>	
STREET ADDRESS	<b>770 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	
TITLE	<b>COB</b>	<input type="checkbox"/> Delete
NAME	<b>WIGDALE, JAMES CEO</b>	
STREET ADDRESS	<b>770 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PLATTEN, PETER M III</b>	
STREET ADDRESS	<b>770 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PUELICHER, JACK A</b>	
STREET ADDRESS	<b>770 N. WATER STREET</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI 53202</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SVP and Corporate Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donald H. Wilson</b>	
STREET ADDRESS	<b>770 North Water Street</b>	
CITY-ST-ZIP	<b>Milwaukee WI 53202</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard A. Abdoo</b>	
STREET ADDRESS	<b>770 North Water Street</b>	
CITY-ST-ZIP	<b>Milwaukee WI 53202</b>	

13. 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 11 or Block 12 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

**Joseph L. Delgadillo, Senior Vice President****2/20/01**

Date

Daytime Phone #

CR2E034 (10/00)

Attachment #  
F9500003278



February 21, 2001

**Metavante Corporation**  
4900 West Brown Deer Road  
Milwaukee, WI 53223-2459  
Tel 800 236 3282  
metavante.com

State of Florida  
Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee FL 32302

**Re: Marshall & Ilsley Corporation**

Dear Sir or Madam:

Enclosed for filing is the referenced corporation's 2001 Uniform Business Report (UBR) and related filing fee of \$150.00. Please file stamp the extra copy of the report provided to serve as a receipt and return in the envelope enclosed.

If there any questions with this report, please contact me at 414-357-9061. Thank you for your prompt attention to this filing.

Sincerely

Laura Graves

:lg  
Enclosure