

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005179 (5)

1. Corporation Name

TOTAL ADMINISTRATIVE SERVICES CORPORATION



Principal Place of Business

3106 INTERNATIONAL LN
MADISON WI 53704

Mailing Address

3106 INTERNATIONAL LN
MADISON WI 53704

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

4. FEI Number

39-1705761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 of Registered Agent or person authorized to register agent

Signature of Agent or person authorized to register agent

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCPV
RASHKE, BRUCE J
3106 INTERNATIONAL LN
MADISON WI 53704

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
RASHKE, BRUCE J
3106 INTERNATIONAL LN
MADISON WI 53704

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not
certify that the information indicated on this annual report or supplemental annual report is true and
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex-
appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Bruce J Rashke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

by for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
curate and that my signature shall have the same legal effect as if made under
e this report as required by Chapter 607, Florida Statutes, and that my name

3/6/96

608-241-1900
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