

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000001817 (3)

1. Corporation Name  
M & I INSURANCE SERVICES, INC.



Principal Place of Business

770 N WATER ST  
MILWAUKEE WI 53202

Mailing Address

770 N WATER ST  
MILWAUKEE WI 53202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

39-1427310

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

LANGE, GEORGE  
800 LAUREL OAK DR #101  
NAPLES FL 33963-2737

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

William Wade

800 Laurel Oak DR. #101

Naples

FL

Zip Code  
33963

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

7/20/98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM K. CURTIS	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WILLIAM J. CRAIN JR.	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATRICK D. RORABECK	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	MICHAEL J. MUTH	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AMBER J. SCHULZ	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	STEVEN D. TAUKE	
STREET ADDRESS	770 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 if changed or in an attachment with an address.

SIGNATURE

Michael J. Muth

32 00

(1111) 765-0706

CR2E034 (5/98)