

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001817

1. Entity Name
M&I INSURANCE SERVICES, INC. ✓

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90049 005 ***150.00

Principal Place of Business **Mailing Address**

770 N. WATER ST. SAME
MILWAUKEE, WI 53202

820046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**

39-1427310 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAM WADE
800 LAUREL OAK DRIVE, #101
NAPLE, FL 33963-2737

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.

SIGNATURE _____ (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, 2000 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	KEITH S. GORES	
STREET ADDRESS	770 N. WATER ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JEFFREY V. WILLIAMS	
STREET ADDRESS	770 N. WATER ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	EXECUTIVE-VICE PRESIDENT, -COO	<input type="checkbox"/> Delete
NAME	WILLIAM K. CURTIS	
STREET ADDRESS	770 N. WATER ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	VICE PRESIDENT, TREASURER	<input type="checkbox"/> Delete
NAME	WILLIAM J. CRAIN, JR	
STREET ADDRESS	770 N. WATER ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MICHAEL A. HATFIELD	
STREET ADDRESS	770 N. WATER ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PATRICK D. RORABECK	
STREET ADDRESS	770 N. WATER ST.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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: _____ **February 28, 2000** **414-765-7969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)