


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001817		
1. Entity 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		



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1427310	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAM WADE 800 LAUREL OAK DR #101 NAPLES, FL 33963-2737	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GOES, KEITH S 770 N WATER ST MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS CURTIS, WILLIAM K 770 N WATER ST MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CRAIN JR, WILLIAM J 770 N WATER ST MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MUTH, MICHAEL J 770 N WATER ST MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP RORABECK, PATRICK D 770 N WATER ST MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2-13-04 414-298-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #