

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 23 1997 8:00am
Secretary of State

DOCUMENT # F96000004687 (7)

1. Corporation Name

PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICES, INC.

Principal Place of Business

700 PILGRIM WAY
PO BOX 19060
GREEN BAY WI 54307-9060

Mailing Address

700 PILGRIM WAY
PO BOX 19060
GREEN BAY WI 54307-9060



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/12/1996

3a. Date of Last Report

4. FEI Number

39-1821414

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

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME KRAMER, DALE P
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

TITLE CFOD
NAME JONES, JEFFREY A
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

TITLE DV
NAME BETTIGA, MICHAEL J
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

TITLE DV
NAME COFFINI, JOSEPH A
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

TITLE D
NAME SCHEPP, RICHARD D
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

TITLE D
NAME BRANDENBURG, KEVIN L
STREET ADDRESS 13555 BISHOPS CT #230
CITY-ST-ZIP BROOKFIELD WI 53005

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. SCHEPP

Date

1-9-97

Daytime Phone

414 496 4664

CR2E034 (9/96)