

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

FILED
Apr 16 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1996

4. FEI Number

39-1821414

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

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

Vice President

Vice President/Secretary/Director

Vice President/Treasurer

Danen, Richard F.

700 Pilgrim Way

Green Bay, WI 54307-9060

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Richard F. Danen

4-8-98 920429-7058

CR2E034 (10/97)