

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90014 029 ***558.75

DOCUMENT # F97000001813

1. Entity Name
BUSINESS FILINGS INCORPORATED

Principal Place of Business 8025 EXCELSIOR DRIVE, SUITE 200 MADISON, WI 53717	Mailing Address 8025 EXCELSIOR DRIVE, SUITE 200 MADISON, WI 53717
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 39-1859909	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent
 LEFTON, DAVID
 1 EAST BROWARD BLVD., STE 700
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name: **RICHARD L. MORRIS, JR. P.A.**
 Street Address (P.O. Box Number is Not Acceptable): **1000 WEST AVENUE, SUITE 1114**
 City: **MIAMI BEACH FL** Zip Code: **33139**

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: *[Signature]* DATE: **2001-05-25**
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW! After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS	
TITLE: PC NAME: WIEGAND, BRIAN STREET ADDRESS: 214 NORTH HENRY SUITE 201 CITY-ST-ZIP: MADISON WI 53703	<input type="checkbox"/> Delete
TITLE: VVC NAME: OSTER, RICHARD STREET ADDRESS: 214 NORTH HENRY SUITE 201 CITY-ST-ZIP: MADISON WI 53703	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: 8025 EXCELSIOR DRIVE, SUITE 200 CITY-ST-ZIP: MADISON, WI 53717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 8025 EXCELSIOR DRIVE, SUITE 200 CITY-ST-ZIP: MADISON, WI 53717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* Date: **5/24/2001** Daytime Phone #: **(608) 827-5300**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)