

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001975

1. Entity Name

MERCURY CLAIMS & ASSISTANCE OF WISCONSIN, LLC



Principal Place of Business

1039 ELLIS STREET
STEVENS POINT, WI 54481

Mailing Address

1039 ELLIS STREET
STEVENS POINT, WI 54481



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1419552

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000099272
03/30/04-80007-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NOEL, JOHN MICHAEL
STREET ADDRESS	1039 ELLIS STREET
CITY- ST- ZIP	STEVENS POINT, WI 54481

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/04

Date

715-346-0843

Daytime Phone #