2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# M08000000130

Entity Name: WAUSAU SIGNATURE AGENCY LLC

Current Principal Place of Business:

2000 WESTWOOD DRIVE
WAUSAU, WI 54401

New Principal Place of Business:

Current Mailing Address:

2000 WESTWOOD DRIVE
WAUSAU, WI 54401

New Mailing Address:

175 BERKELEY ST
BOSTON, MA 02117

FEI Number: 30-0477172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DOYLE, SUSAN M
Address: 1431 OPUS PL STE 300
City-St-Zip: DOWNER GROVE, IL 60515

Title: MGR ( ) Delete
Name: FIEBRINK, MARK E
Address: 2000 WESTWOOD DRIVE
City-St-Zip: WAUSAU, WI 54401

Title: MGR ( ) Delete
Name: STEINBERG, MARK A
Address: 2000 WESTWOOD DRIVE
City-St-Zip: WAUSAU, WI 54401

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: NAMES, SCOTT M
Address: 2000 WESTWOOD DRIVE
City-St-Zip: WAUSAU, WI 54401

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN M. DOYLE MAN 04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date