File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 22 PM 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** M97000000733 1a. Principal Place of Business Address WISCONSIN INVESTMENTS LLC 13400 BISHOP'S LANE, SUITE 1 13400 BISHOP'S LANE, SUITE 100 BROOKFIELD WI 53005 BROOKFIELD WI 53005 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 11/06/1997 WI Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Numbur Applied For City & State City & State 39-1845871 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζφ Country Zip S8 75 Additional Fee Required 03/25/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BENNETT, SUSAN FLEMING Street Address (P.O. Box Number is Not Acceptable) % STEARNS, WEAVER, ET AL 401 JACKSON ST. #2200 SUNTRUST FIN. TAMPA FL 33302 Suite, Apt. #, etc. Zıp Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers 13400 BISHOP'S LANE, SUITE BROOKFIELD WI MGRM TESKE, ANDREW C 13400 BISHOP'S LANE, SUITE BROOKFIELD WI MGRM WALLEN, TIMOTHY J amono2824413----03/30/99--01097--014_ ****188.75 ****188.75 11. Ido 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 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, and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SISNING MANAGING MEMBER OF MANAGER

Duybna Flune #

SIGNATURE: