

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000733

1. Entity Name

WISCONSIN INVESTMENTS LLC

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:57

Principal Place of Business

13400 BISHOP'S LANE, SUITE 100  
BROOKFIELD WI 53005

Mailing Address

13400 BISHOP'S LANE, SUITE 100  
BROOKFIELD WI 53005-6237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1845871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENNETT, SUSAN FLEMING  
% STEARNS, WEAVER, ET AL  
401 JACKSON ST. #2200 SUNTRUST FIN. CENTRE  
TAMPA FL 33302

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Susan Fleming Bennett*

3/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
STREET ADDRESS TESKE, ANDREW C  
CITY-ST-ZIP 13400 BISHOP'S LANE, SUITE 100  
BROOKFIELD WI 53005 ☐ Delete

TITLE NAME MGRM  
STREET ADDRESS WALLEN, TIMOTHY J  
CITY-ST-ZIP 13400 BISHOP'S LANE, SUITE 100  
BROOKFIELD WI 53005 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
*rf 3/21/00*

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600003180978-03/22/00-01113-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I 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 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 REQUIRED

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

3/10/00

Date

262-797-9400

Daytime Phone #

CR2E083 (9/99)