

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09525 (7)

1. Corporation Name  
UNITED PROFESSIONAL COMPANIES, INC.

Principal Place of Business  
105 W. MICHIGAN C/O TAX DEPT.  
MILWAUKEE WI 53203

Mailing Address  
105 W. MICHIGAN C/O TAX DEPT.  
MILWAUKEE WI 53203

FILED  
May 01 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/25/1986

4. FEI Number  
39-1104974

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, GUY W.  
STREET ADDRESS 105 W. MICHIGAN ST.  
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

TITLE A  
NAME CARTER, ROCH  
STREET ADDRESS 105 W. MICHIGAN ST.  
CITY-ST-ZIP MILWAUKEE WI ☐ DELETE

TITLE VST  
NAME DINAUER, THOMAS A.  
STREET ADDRESS 105 W. MICHIGAN ST.  
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

TITLE D  
NAME BERTRAND, RICHARD L.  
STREET ADDRESS 105 W. MICHIGAN ST.  
CITY-ST-ZIP MILWAUKEE WI ☐ DELETE

TITLE VSD  
NAME AUSTIN, LELAND M. JR.  
STREET ADDRESS 105 W. MICHIGAN ST.  
CITY-ST-ZIP MILWAUKEE WI ☐ DELETE

TITLE VCA  
NAME ABRAMOWSKI, ROBERT  
STREET ADDRESS 105 W. MICHIGAN ST.  
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME J. WESLEY CARTER  
1.3 STREET ADDRESS 105 W. MICHIGAN ST.  
1.4 CITY-ST-ZIP MILWAUKEE, WI 53203

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
6.2 NAME WALTER A. LEVONOWICH  
6.3 STREET ADDRESS 105 W. MICHIGAN ST.  
6.4 CITY-ST-ZIP MILWAUKEE, WI 53203

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. WALTER A. LEVONOWICH

SIGNATURE W. A. Levonovich 4-24-98 414-347-4404

CR2E034 (10/97)