

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P10986 (8)

1. Corporation Name

CONTRACT SERVICES INCORPORATED OF WISCONSIN



Principal Place of Business

16550 WEST LISBON ROAD
MENOMONEE FALLS WI 53051

Mailing Address

16550 WEST LISBON ROAD
MENOMONEE FALLS WI 53051

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
07/31/1986

3a. Date of Last Report
03/22/1995

4. FEI Number
39-1250187

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 of person authorized to change the office or agent

Signature of Registered Agent or person authorized to change

DATE

12. OFFICERS AND DIRECTORS

NAME	PD	☐ DELETE
NAME	HOLMES, JEFFREY	
STREET ADDRESS	4980 HILLSIDE ROAD	
CITY, STATE, ZIP	WEST BEND WI	
NAME	VD	☐ DELETE
NAME	TRAINOR, JAMES	
STREET ADDRESS	15165 KINGS RIDGE COURT	
CITY, STATE, ZIP	BROOKFIELD WI	
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is currently true and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

4/27/96

CR2E034 (12/95)