

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 # P12747 (2)

1. Corporation Name

THE WALLET WORKS, INC.



Principal Place of Business

**735 SOUTH MAIN STREET
WEST BEND WI 53095
US**

Mailing Address

**P. O. BOX 1990
WEST BEND WI 53095
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
05/01/1995

4. FEI Number

39-1568309

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
PD	ROZEK, JOHN F.	1102 TIMBERLINE DRIVE	WEST BEND WI	
V	GAGAN, RICHARD D.	123 DEER RIDGE DR	WEST BEND WI	<input type="checkbox"/> DELETE
VTS	PENDERGAST, JOHN M.	6919 SUSAN LN	CEDARBURG WI	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	Lawrence Slowik	735 S. Main St.	West Bend, WI 53095	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	Thomas D. Weller	735 S. Main St	West Bend, WI 53095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Robert P. Henderson	Greylock, One Federal St.	Boston, MA 02110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Michael C. Brooks	J H Whitney & Co, 630 Fifth Ave.	New York, NY 10111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas D. Weller

Treasurer

4259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(414) 335-1000

Daytime Phone #

CR2E034 (12/95)