

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**

3. Date Incorporated or Qualified: **12/31/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **39-1568309**
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

2. Principal Place of Business (21-24) and Mailing Address (25-29) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROZEK, JOHN F.		1.2 NAME	Lawrence Slowik	
STREET ADDRESS	1102 TIMBERLINE DRIVE		1.3 STREET ADDRESS	735 S. Main St.	
CITY-ST-ZIP	WEST BEND WI		1.4 CITY-ST-ZIP	West Bend, WI 53095	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGAN, RICHARD D.		2.2 NAME		
STREET ADDRESS	123 DEER RIDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST BEND WI		2.4 CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> DELETE	3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGAST, JOHN M.		3.2 NAME		
STREET ADDRESS	6919 SUSAN LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	CEDARBURG WI		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Thomas D. Weller	
STREET ADDRESS			4.3 STREET ADDRESS	735 S. Main St	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	West Bend, WI 53095	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Robert P. Henderson	
STREET ADDRESS			5.3 STREET ADDRESS	Greylock, One Federal St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Michael C. Brooks	
STREET ADDRESS			6.3 STREET ADDRESS	J H Whitney & Co, 630 Fifth Ave.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New York, NY 10111	

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 Date: (414) 335-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)