

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P O Box 23994  
27 Suite, Apt. #, etc.

28 City & State

29 53095-0994 WI Milwaukee

3. Date Incorporated or Qualified  
12/31/1986

3a. Date of Last Report  
05/01/1996

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

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 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 SLOWIK, LAWRENCE  
STREET ADDRESS 735 S MAIN STREET  
CITY - ST - ZIP WEST BEND WI

☐ DELETE

TITLE V  
NAME GAGAN, RICHARD D.  
STREET ADDRESS 123 DEER RIDGE DR  
CITY - ST - ZIP WEST BEND WI

☐ DELETE

TITLE VS  
NAME PENDERGAST, JOHN M.  
STREET ADDRESS 6919 SUSAN LN  
CITY - ST - ZIP CEDARBURG WI

☐ DELETE

TITLE T  
NAME WELLER, THOMAS D  
STREET ADDRESS 735 S MAIN STREET  
CITY - ST - ZIP WEST BEND WI

☐ DELETE

TITLE D  
NAME HENDERSON, ROBERT P.  
STREET ADDRESS GREY LOCK OME FEDERAL ST  
CITY - ST - ZIP BOSTON MA

☐ DELETE

TITLE D  
NAME BROOKS, MICHAEL C.  
STREET ADDRESS JH WHITNEY & CO 630 FIFTH AVE  
CITY - ST - ZIP NEW YORK NY

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*[Signature]*

7/23/97

CR2E034 (4/97)