

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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36826 (6)

1. Corporation Name
UNITED WISCONSIN PROSERVICES, INC.



Principal Place of Business
401 WEST MICHIGAN ST.
P.O. BOX 2025
MILWAUKEE WI 53201-9025

Mailing Address
401 WEST MICHIGAN ST.
P.O. BOX 2025
MILWAUKEE WI 53201-2025

3. Date Incorporated or Qualified 12/23/1991
3a. Date of Last Report 02/14/1996
4. FEI Number 39-1431798
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
21 401 West Michigan St.
Suite, Apt. #, etc.
22 P.O. Box 2025
City & State
23 Milwaukee, WI
Zip
24 53201-2025
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFTY, THOMAS R.	1.2 NAME	
STREET ADDRESS	401 W. MICHIGAN ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	1.4 CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORDY, C. EDWARD	2.2 NAME	
STREET ADDRESS	401 W. MICHIGAN ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	2.4 CITY- ST- ZIP	
TITLE	DSVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, MARY	3.2 NAME	DSVP
STREET ADDRESS	401 W. MICHIGAN ST.	3.3 STREET ADDRESS	Stephen E. Bablitch
CITY- ST- ZIP	MILWAUKEE WI	3.4 CITY- ST- ZIP	401 West Michigan Street
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	Milwaukee, WI 53201 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, THOMAS J	4.2 NAME	
STREET ADDRESS	401 WEST MICHIGAN ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	4.4 CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMISANO ROGER A	5.2 NAME	
STREET ADDRESS	401 W. MICHIGAN ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	5.4 CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, GAIL L.	6.2 NAME	
STREET ADDRESS	401 W. MICHIGAN ST.	6.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	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)(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.

SIGNATURE:

Stephen E. Bablitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

(414) 226-6121

Date

Daytime Phone #

0490778

CR2E034 (9/96)