

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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36826** (6)

1. Corporation Name
UNITED WISCONSIN PROSERVICES, INC.



Principal Place of Business 401 WEST MICHIGAN ST. P.O. BOX 2025 MILWAUKEE WI 53201-025 US	Mailing Address 401 WEST MICHIGAN ST. P.O. BOX 2025 MILWAUKEE WI 53201-9025
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1991

2. Principal Place of Business 21 401 West Michigan Street Suite, Apt. #, etc. 22 P.O. Box 2025 City & State 23 Milwaukee, WI Zip 24 53201-2025	2a. Mailing Address 26 401 West Michigan Street Suite, Apt. #, etc. 27 P.O. Box 2025 City & State 28 Milwaukee, WI Zip 29 53201-2025	4. FEI Number 39-1431798	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable.

(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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN E. BALITCH	3.2 NAME	Stephen E. Bablitch
STREET ADDRESS	401 W. MICHIGAN ST.	3.3 STREET ADDRESS	401 W. Michigan Street
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	Milwaukee, WI 53201
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<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 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**
Vice President & Secretary

(414) 226-6979

CR2E034 (10/97)