

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 03, 2000 8:00 am  
Secretary of State  
05-03-2000 90006 009 \*\*\*150.00

DOCUMENT # P36826  
Entity Name  
ED WISCONSIN PROSERVICES, INC.

Principal Place of Business  
401 W. Michigan St.  
Milwaukee, WI 53203

Mailing Address  
401 W. Michigan St.  
Milwaukee, WI 53203

|  |                |   |                |
|--|----------------|---|----------------|
| Principal Place of Business<br>401 West Michigan Street<br>Suite, Apt. #, etc. |                | 3. Mailing Address<br>401 West Michigan Street<br>Suite, Apt. #, etc. |                |
| City & State<br>Milwaukee, WI  |                | City & State<br>Milwaukee, WI   |                |
| Zip<br>53203   | Country<br>USA | Zip<br>53203  | Country<br>USA |

A0048642  
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.  
1201 Hayes Street  
Ste. 105  
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

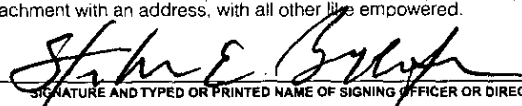
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                        |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | DPC                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | Hefty, Thomas R.       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 401 W. Michigan Street |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | Milwaukee, WI 53203    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | DSVP                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | Bablitch, Stephen E.   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 401 W. Michigan Street |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | Milwaukee, WI 53203    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | DTVP                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | Hanson, Gail L.        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 401 W. Michigan Street |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | Milwaukee, WI 53203    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/12/00 (414) 226-5673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)