2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am DOCUMENT # P36826 **Secretary of State** 1. Entity Name 03-12-2002 90271 031 ***150.00 UNITED WISCONSIN PROSERVICES, INC. Principal Place of Business Mailing Address 401 W MICHIGAN ST 401 W MICHIGAN ST MILWAUKEE WI 53203 MILWAUKEE WI 53203 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 39-1431798 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE, 105 Zip Code TALLAHASSEE FL 32301 City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE TITLE DPC NAME NAME HEFTY, THOMAS R. STREET ADDRESS STREET ADDRESS 401 W. MICHIGAN ST. CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53203 Change Addition ☐ Delete TITLE TITLE NAME NAME HANSON, GAIL L. STREET ADDRESS STREET ADDRESS 401 W. MICHIGAN ST. CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53203 ☐ Addition ☐ Delete TITLE TITLE Bernstein, Michael E. NAME BERNSTEIN, MICHAEL E 20855 Watertown Road, Suite 140 STREET ADDRESS STREET ADDRESS 401 W MICHIGAN STREET Waukesha, WI 53186 CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 59203 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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.

Gail I Hanson Gail L. Hanson V.P. & Treasurer

Date

(414) 226-5673

FILED