

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90093 024 ***550.00

DOCUMENT # F99000001998

1. Entity Name

EFFECTIVE MANAGEMENT SYSTEMS, INC.



Principal Place of Business

12000 WEST PARK PLACE
 MILWAUKEE WI 53224

Mailing Address

12000 WEST PARK PLACE
 MILWAUKEE WI 53224-3002

2. Principal Place of Business

10 N. Martingale Road

3. Mailing Address

10 N. Martingale Road

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Schaumburg, IL

City & State

Schaumburg, IL

4. FEI Number

39-1292200

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNHAM, M D	
STREET ADDRESS	12000 WEST PARK PLACE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	DYKSTRA, T M	
STREET ADDRESS	12000 WEST PARK PLACE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISENBERG, D W	
STREET ADDRESS	4200 W. BROWN DEER RD., STE 100	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAM, H M	
STREET ADDRESS	8939 N 55TH STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRELCK, R W	
STREET ADDRESS	12000 WEST PARK PLACE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSSUM, J J	
STREET ADDRESS	12000 WEST PARK PLACE	
CITY-ST-ZIP	MILWAUKEE WI	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terje Vangbo	
STREET ADDRESS	10 N. Martingale Road Ste. 600	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D. Dunham	
STREET ADDRESS	12000 W. Park Place	
CITY-ST-ZIP	Milwaukee, WI 53224	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bengt Nilsson	
STREET ADDRESS	10 N. Martingale Road Ste. 600	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sverker Lundberg	
STREET ADDRESS	10 N. Martingale Road Ste. 600	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ulf Claesson	
STREET ADDRESS	10 N. Martingale Road	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnny Nilsson	
STREET ADDRESS	10 N. Martingale Rd. Ste. 600	
CITY-ST-ZIP	Schaumburg, IL 60173	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.3(1)(f), Florida Statutes, 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:

Michael D. Dunham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Dunham 6-29-00

414-359-9800

Date

Daytime Phone #