

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12747** (2)

1. Corporation Name
THE WALLET WORKS, INC.



Principal Place of Business: **735 SOUTH MAIN STREET WEST BEND WI 53095 US**
Mailing Address: **P. O. BOX 990 WEST BEND WI 53095 US**

3. Date Incorporated or Qualified: **12/31/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **39-1568309**
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 (21-24) and Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROZEK, JOHN F. 1102 TIMBERLINE DRIVE WEST BEND WI	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	V GAGAN, RICHARD D. 123 DEER RIDGE DR WEST BEND WI	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	VTS PENDERGAST, JOHN M. 6919 SUSAN LN CEDARBURG WI	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

	PD Lawrence Slowik 735 S. Main St. West Bend, WI 53095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	T Thomas D. Weller 735 S. Main St West Bend, WI 53095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D Robert P. Henderson Greylock, One Federal St. Boston, MA 02110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D Michael C. Brooks J H Whitney & Co, 630 Fifth Ave. New York, NY 10111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas D. Weller Treasurer 4259 Date: (414) 335-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)