


FILED
Apr 13, 2004 8:00 am
Secretary of State

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03-15-2004 90031 004 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F03000000933 1. Entity Name R.A. SMITH & ASSOCIATES, INC.	
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Principal Place of Business 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005	Mailing Address 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
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66411379



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01272004 Chg-P CR2E034 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 39-1318572	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 523 E. PARK AVENUE 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
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5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C GLOCKA, GEORGE E <input type="checkbox"/> Delete	TITLE	Managing Director (Project Officer) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200	STREET ADDRESS	(Project Officer)
CITY-ST-ZIP	BROOKFIELD, WI 53005	CITY-ST-ZIP	
TITLE	VC KENKEL, JEFFREY F P.E. <input type="checkbox"/> Delete	TITLE	Managing Director (Project Officer) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200	STREET ADDRESS	(Project Officer)
CITY-ST-ZIP	BROOKFIELD, WI 53005	CITY-ST-ZIP	
TITLE	D GERSCHKE, GLENN J <input type="checkbox"/> Delete	TITLE	Managing Director (Project Officer) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200	STREET ADDRESS	(Project Officer)
CITY-ST-ZIP	BROOKFIELD, WI 53005	CITY-ST-ZIP	
TITLE	PT SMITH, RICHARD A <input type="checkbox"/> Delete	TITLE	President/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD, WI 53005	CITY-ST-ZIP	
TITLE	VS SMITH, JOAN M <input type="checkbox"/> Delete	TITLE	Vice President/Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD, WI 53005	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Smith President Feb. 13, 2004 262-786-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

06411379

R.A. SMITH
& ASSOCIATES, INC.

April 5, 2004

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Annual Reports Section

Re: R.A. Smith & Associates, Inc.
Reference Number E03000000933

262-786-1777
FAX 262-786-0826
16745 W. Bluemound Road
Suite 200
Brookfield, WI 53005-5938

To Whom It May Concern:

We have made the requested correction to the copy of our report you returned to us, however, your letter of March 19, 2004 was not very clear as to how you wanted the correction made. In your letter you asked us to return our report to the Division of Corporations but you did not return our report to us to make the necessary corrections.

Branch Office
920-231-3119
FAX 920-231-9872
2850 Universal Street
Oshkosh, WI 54904-8975

If you require further action on our part, please don't hesitate to contact me directly at 262/317-3214 or by e-mail at tracy.grube@rasmith.com.

www.rasmith.com

Sincerely,
R.A. SMITH & ASSOCIATES, INC.



Tracy N. Grube, CPS
Engineering Administrative Assistant

Engineering
driven by
vision

Enclosure

C: Candice J. Ekstrom, CAP

Municipal Engineering
Wastewater Collection
& Treatment
Water Supply & Distribution
Stormwater Management
Transportation Design
Construction Services
Surveying
AM/FM/GIS Integrated
Solutions
3D Visualization
Grants & Legislation Services
Technology Services

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