

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000933
 1. Entity Name
 R.A. SMITH & ASSOCIATES, INC.



Principal Place of Business Mailing Address
 16745 W. BLUEMOUND ROAD, SUITE 200 16745 W. BLUEMOUND ROAD, SUITE 200
 BROOKFIELD, WI 53005 BROOKFIELD, WI 53005



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 39-1318572 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 523 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN00000223766
 02/10/05-80055-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD GLOCKA, GEORGE E 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD KENKEL, JEFFREY F P.E. 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD GERSCHKE, GLENN J 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, RICHARD A 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, JOAN M 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 1/24/05 Daytime Phone #: 262-786-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Smith