


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 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



01162007    No Chg-P    CR2E034 (11/05)

**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.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 03/21/07-60028-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      Richard A. Smith      262-317-3214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #