2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# F05000006497

Entity Name: HENNEMAN, RAUFEISEN AND ASSOCIATES, INC.

Current Principal Place of Business:

1605 S. STATE ST.
CHAMPAIGN, IL 61820

New Principal Place of Business:

Current Mailing Address:

1605 S. STATE ST.
CHAMPAIGN, IL 61820

New Mailing Address:

FEI Number: 37-1016100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOMMERS, JOSEPH B
451 EDGEWATER CT.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

SUMMERS, JOSEPH B
451 EDGEWATER CT.
MARCO ISLAND, FL 34145 US

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: JOSEPH B. SUMMERS 01/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	HENNEMAN, MICHAEL J	
Address:	1605 S. STATE ST., SUITE 101	
City-St-Zip:	CHAMPAIGN, IL 61820	
Title:	S	( ) Delete
Name:	MAUCK, DAVID C	
Address:	1605 S. STATE ST., SUITE 101	
City-St-Zip:	CHAMPAIGN, IL 61820	
Title:	P	( ) Delete
Name:	SUMMERS, JOSEPH B	
Address:	1605 S. STATE ST., SUITE 101	
City-St-Zip:	CHAMPAIGN, IL 61820	
Title:	V	( ) Delete
Name:	TREIBER, JEFFREY A	
Address:	224 S. MICHIGAN AVENUE, SUITE 1275	
City-St-Zip:	CHICAGO, IL 60604	
Title:	V	( ) Delete
Name:	BICE, THOMAS N	
Address:	ONE CITY PLACE DRIVE, SUITE 282	
City-St-Zip:	ST. LOUIS, MO 63141	
Title:	V	( ) Delete
Name:	BROWN, ELIZABETH D	
Address:	1232 FOURIER, SUITE 101	
City-St-Zip:	MADISON, WI 53717	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B. SUMMERS PRES 01/05/2006
Electronic Signature of Signing Officer or Director Date