

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006497

FILED  
Jan 22, 2009  
Secretary of State

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:

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

## Name and Address of New Registered Agent:

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:

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 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: HERMAN W. LEHR

CFO

01/22/2009

Electronic Signature of Signing Officer or Director

Date