

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000444

FILED
Jan 14, 2009
Secretary of State

Entity Name: WISCONSIN-MANKIND PROJECT, INC.

Current Principal Place of Business:

8989 N PORT WASHINGTON ROAD
#227
MILWAUKEE, WI 53217 US

New Principal Place of Business:

Current Mailing Address:

8989 N PORT WASHINGTON RD
#227
MILWAUKEE, WI 53217 US

New Mailing Address:

FEI Number: 39-1712307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DWORKIN, ED
217 KENTUCKY BLUE CIR
APOPKA, FL 32712 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: P () Delete
Name: LITZAU, ROBERT
Address: 5816 N 37TH ST
City-St-Zip: MILWAUKEE, WI 53209

Title: S () Delete
Name: COSTELLO, PATRICK
Address: 2300 S LAWE STREET
City-St-Zip: APPLETON, WI 54915 US

Title: D () Delete
Name: PELLINEN, JOHN
Address: 726 S STATE STREET
City-St-Zip: APPLETON, WI 54911

Title: T () Delete
Name: SZPER, DOUGLAS A
Address: N1811 KNORR RD
City-St-Zip: RANDOM LAKE, WI 53075

Title: D () Delete
Name: WOEHLER, ROBERT
Address: 5883 INVERNESS DR
City-St-Zip: ROCKFORD, IL 611073821

Title: D () Delete
Name: MCGRADY, TIM
Address: 1524 GRANGE AVENUE
City-St-Zip: RACINE, WI 53405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: NEMICK, JOHN
Address: 2391 CEDAR RIDGE #C
City-St-Zip: GREEN BAY, WI 54313 US

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

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

Title: D (X) Change () Addition
Name: CARTER, THOMAS
Address: 2545 N STOWALL AVE #2
City-St-Zip: MILWAUKEE, WI 53211 US

Title: D (X) Change () Addition
Name: CLARK, JAMES F
Address: 8006 N. JOHN PAUL ROAD
City-St-Zip: MILTON, WI 53563 US

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: DOUGLAS A. SZPER

T

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date