

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003940

**Entity Name:** ROBERTSON RYAN & ASSOCIATES, INC.

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC3576425427**

**Current Principal Place of Business:**

330 E. KILBOURN AVENUE, SUITE 650  
MILWAUKEE, WI 53202

**Current Mailing Address:**

330 E. KILBOURN AVENUE, SUITE 650  
MILWAUKEE, WI 53202

**FEI Number: 39-0605130**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARAVELLA, STEVEN A  
5260 SUMMERLIN COMMONS WAY  
FORT MYERS, FL 33907 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO  
Name BURTON, GARY L  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

Title CPD  
Name VON RUEDEN, ANTHONY S  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

Title CTS  
Name REMSZA, BRIAN J  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

Title V  
Name BARGIELSKI, LEO C  
Address 20975 SWENSON DRIVE SUITE175  
City-State-Zip: WAUKESHA WI 53186

Title V  
Name BECKMAN, JOHN A  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

Title V  
Name BITTL, MARI KAY  
Address 10335 N PORT WASHINGTON ROAD  
City-State-Zip: MEQUON WI 53092

Title VP  
Name BORGES, JOHN M  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name BORGES, JOHN S  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

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*I hereby 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 all other like empowered.*

**SIGNATURE: BRIAN REMSZA**

**CFO**

**04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BOTT, JASON  
Address 330 E. KILBOURN AVENUE, SUITE 650  
City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name BOYCE, MICHAEL A  
Address 330 E. KILBOURN AVENUE, SUITE 650  
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Title VP  
Name CICHACKI, SCOTT E  
Address 330 E. KILBOURN AVENUE, SUITE 650  
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Title VP  
Name CRUISE, JAMES H  
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Title VP  
Name DANIELS, JOHN H  
Address 6015 DURAND AVE SUITE 300  
City-State-Zip: RACINE WI 53406

Title VP  
Name RICHARD, DOUCETTE P  
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City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name DUNKER, JAMES S  
Address 20975 SWENSON DRIVE, SUITE 175  
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Title VP  
Name EVANS, WILLIAM J  
Address 20975 SWENSON DRIVE, SUITE 175  
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Title VP  
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Title VP  
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Title VP

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