

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003940

Entity Name: ROBERTSON RYAN & ASSOCIATES, INC.

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
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Continues on page 2

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

TREASURER

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BOTT, JASON
Address 330 E. KILBOURN AVENUE, SUITE 650
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Title VP
Name BOYCE, MICHAEL A
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Title VP
Name CICHACKI, SCOTT E
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Title VP
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Title VP
Name DANIELS, JOHN H
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City-State-Zip: RACINE WI 53406

Title VP
Name RICHARD, DOUCETTE P
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Title VP
Name DUNKER, JAMES S
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Title VP
Name EVANS, WILLIAM J
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Title VP
Name FRANK, JEFFREY J
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Name GRADE, SCOTT F

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