

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003404

Entity Name: R.A. SMITH NATIONAL, INC.**Current Principal Place of Business:**16745 WEST BLUEMOUND ROAD, SUITE 200
BROOKFIELD, WI 53005**Current Mailing Address:**16745 WEST BLUEMOUND ROAD, SUITE 200
BROOKFIELD, WI 53005**FEI Number:** 39-1318572**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DPT
Name	SMITH, RICHARD A
Address	16745 WEST BLUEMOUND ROAD, SUITE 200
City-State-Zip:	BROOKFIELD WI 53005

Title	DVPS
Name	SMITH, JOAN M
Address	16745 WEST BLUEMOUND ROAD, SUITE 200
City-State-Zip:	BROOKFIELD WI 53005

Title	SPO
Name	CASUCCI, JOHN P P.L.S.
Address	16745 WEST BLUEMOUND ROAD, SUITE 200
City-State-Zip:	BROOKFIELD WI 53005

Title	EPO
Name	SMITH, JR., RICHARD A P.E.
Address	16745 WEST BLUEMOUND ROAD, SUITE 200
City-State-Zip:	BROOKFIELD WI 53005

Title	EPO
Name	ROLOFF, STEVEN J P.E.
Address	16745 WEST BLUEMOUND ROAD, SUITE 200
City-State-Zip:	BROOKFIELD WI 53005

Title	EPO
Name	LANCOUR, RYAN J P.E.
Address	16745 WEST BLUEMOUND ROAD, SUITE 200
City-State-Zip:	BROOKFIELD WI 53005

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: RICHARD A. SMITH**PRESIDENT****03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date