

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90030 010 \*\*\*150.00

0649465 AT

**DOCUMENT # 810560**

1. Entity Name

ATOMICS INTERNATIONAL INC



Principal Place of Business

777 E WISCONSIN AVE  
SUITE 1251  
MILWAUKEE WI 53202

Mailing Address

777 E WISCONSIN AVE  
SUITE 1251  
MILWAUKEE WI 53202

2. Principal Place of Business

3. Mailing Address

777 E WISCONSIN AVENUE

777 E WISCONSIN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400

1400

City & State

Milwaukee, WI

City & State

Milwaukee, WI

Zip

53202

Country

USA

Zip

53202

Country

USA

4. FEI Number

95-2417474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CALISE, WILLIAM JR  
STREET ADDRESS 777 E WISCONSIN AVENUE., STE 1400  
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

TITLE VSD  
NAME VETTER, WILLIAM  
STREET ADDRESS 6040 PONDERS COURT  
CITY-ST-ZIP GREENVILLE SC 29615 ☐ Delete

TITLE AT  
NAME COPPINS, KENT G  
STREET ADDRESS 777 E WISCONSIN AVE STE 1251  
CITY-ST-ZIP MILWAUKEE WI 53202 ☒ Delete

TITLE ASD  
NAME BALISTRERI, KAREN A  
STREET ADDRESS 777 E WISCONSIN AVE STE 1251  
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

TITLE AS  
NAME BALLESTEROS, GARY  
STREET ADDRESS 777 E WISCONSIN AVE STE 1251  
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen A. Balistreri, Asst. Sec. 414-212-5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)