

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 047 ***150.00

20050404



04072005 Chg-P CR2E034 (10/03)

4. FEI Number **39-0827105 20-0511364** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RANSOM, SCOTT	
STREET ADDRESS	9 BRULE CIRCLE	
CITY - ST - ZIP	MADISON, WI 53717	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PELISEK, DAVID	
STREET ADDRESS	5117 UNIVERISTY AVE	
CITY - ST - ZIP	MADISON, WI 53705	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HAPP, BRIAN	
STREET ADDRESS	5117 UNIVERSITY AVE	
CITY - ST - ZIP	MADISON, WI 53705	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENDMAN, TIMOTHY	
STREET ADDRESS	5117 UNIVERSITY AVE	
CITY - ST - ZIP	MADISON, WI 53705	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUBAR, DAVID	
STREET ADDRESS	5117 UNIVERSITY AVE	
CITY - ST - ZIP	MADISON, WI 53705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

4/13/05

108.838.0211