

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90368 001 ***300.00

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1. Entity Name
MARSHALL ERDMAN & ASSOCIATES, INC.



Principal Place of Business
**5117 UNIVERSITY AVENUE
P O BOX 5249
MADISON, WI 53705**

Mailing Address
**P.O. BOX 5249
MADISON, WI 53705**

66004480



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME	P RANSOM, SCOTT
STREET ADDRESS	9 BRULE CIRCLE
CITY-ST-ZIP	MADISON, WI 53717
TITLE NAME	ST PELISEK, DAVID
STREET ADDRESS	5117 UNIVERISTY AVE
CITY-ST-ZIP	MADISON, WI 53705
TITLE NAME	CFO HAPP, BRIAN
STREET ADDRESS	5117 UNIVERSITY AVE
CITY-ST-ZIP	MADISON, WI 53705
TITLE NAME	D ENDMAN, TIMOTHY
STREET ADDRESS	5117 UNIVERSITY AVE
CITY-ST-ZIP	MADISON, WI 53705
TITLE NAME	D LUBAR, DAVID
STREET ADDRESS	5117 UNIVERSITY AVE
CITY-ST-ZIP	MADISON, WI 53705
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #