# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2010**
**Secretary of State**

DOCUMENT# 825176

**Entity Name:** ERDMAN HEALTHCARE FACILITIES COMPANY

**Current Principal Place of Business:**

ONE ERDMAN PLACE
MADISON, WI 53717

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 44975
MADISON, WI 53744

**New Mailing Address:**

**FEI Number: 20-0511364** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD
Name: RANSOM, SCOTT A
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: ST
Name: HANDY, CHARLES M
Address: 4401 BARCLAY DOWNS DRIVE, SUITE 300
City-St-Zip: CHARLOTTE, NC 28209

Title: EVP
Name: HAPP, BRIAN L
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: EVP
Name: PEEL, WILLIAM L JR
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: VP
Name: SAUNDERS, SCOTT R
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: VP
Name: HELIN, KURTIS M
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

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 L HAPP EVP 01/21/2010

Electronic Signature of Signing Officer or Director — Date