2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# 836479

Entity Name: AMERICAN APPRAISAL ASSOCIATES, INC.

Current Principal Place of Business:

411 EAST WISCONSIN AVENUE
SUITE 1900
MILWAUKEE, WI 53202 US

New Principal Place of Business:

Current Mailing Address:

411 EAST WISCONSIN AVENUE
SUITE 1900
MILWAUKEE, WI 53202 US

New Mailing Address:

FEI Number: 39-1137784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: GOERGEN, RONALD
Address: 136 W. WHITE OAK WAY
City-St-Zip: MEQUON, WO

Title: VD ( ) Delete
Name: HACKETT, LEE P
Address: 17787 NASSAU DRIVE
City-St-Zip: BROOKFIELD, WI

Title: DSTV ( ) Delete
Name: ZVESPER, JOSEPH P.
Address: W308 N7145 CLUB CT.
City-St-Zip: HARTLAND, WI

Title: SEC ( ) Delete
Name: BOST, PAULA D
Address: 411 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOERGEN, RONALD M
Address: 11308 NORTH JUSTIN DRIVE
City-St-Zip: MEQUON, WI 53092 US

Title: VD (X) Change ( ) Addition
Name: HACKETT, LEE P
Address: 17787 NASSAU DRIVE
City-St-Zip: BROOKFIELD, WI 53045 US

Title: DSTV (X) Change ( ) Addition
Name: ZVESPER, JOSEPH P.
Address: 770 N PROSPECT AVE #604
City-St-Zip: MILWAUKEE, WI 53202 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAULA D BOST SEC 04/23/2004

Electronic Signature of Signing Officer or Director — Date