

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90206 012 ***150.00

0667868 AB

DOCUMENT # F01000005028

1. Entity Name
CONNECTEDLEARNINGSYSTEMS, INC.



Principal Place of Business
5345 SO. MARYKNOLL DRIVE
NEW BERLIN WI 53151

Mailing Address
5345 SO. MARYKNOLL DRIVE
NEW BERLIN WI 53151



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1956871**

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

7. Name and Address of New Registered Agent

KILEY, KATHLEEN
593 JAMESTOWN BLVD
ALTAMONTE SPRINGS FL 32714

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
NAME **MICKELSON, JANICE**
STREET ADDRESS **5345 SO. MARYKNOLL DRIVE**
CITY-ST-ZIP **NEW BERLIN WI**

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

TITLE **VD** ☐ Delete
NAME **LEAHY, CHARLES**
STREET ADDRESS **374 MILL STREET**
CITY-ST-ZIP **SAUKVILLE WI 53080**

TITLE **VP** ☒ Change ☐ Addition
NAME **CHARLES LEAHY**
STREET ADDRESS **78 E 10TH ST**
CITY-ST-ZIP **ST PAUL, MINNESOTA 55101**

TITLE **ST** ☐ Delete
NAME **TORNATORE, SAMUEL**
STREET ADDRESS **2400 S WOLF ROAD**
CITY-ST-ZIP **WESTCHESTER IL 60154**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

414-975-8883

CR2E034 (10/02)