2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005100

Entity Name: THE KAISER GROUP, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 237 SOUTH STREET WAUKESHA, WI 531864824 **Current Mailing Address: New Mailing Address:** 237 SOUTH STREET WAUKESHA, WI 531864824 FEI Number: 39-1354364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: DCFO (X) Change () Addition KAISER, PETER E KAISER, PETER E Name: Name: 1420 SYKES CREEK DR 1420 SYKES CREEK DR Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 Title: Title: () Change () Addition () Delete Name: KAISER, PATRICIA L Name: 1420 SYKES CREEK DR Address: Address: MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip: Title: Title: VS () Delete () Change () Addition NITZ, JAMES R Name: Name: S57 W29689 SAYLESVILLE ROAD Address: Address: City-St-Zip: WAUKESHA, WI 53186 City-St-Zip: Title: () Delete Title: () Change (X) Addition SMITH, JEFFREY A Name: Name: Address: Address: 1860 COX ROAD City-St-Zip: City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER E KAISER CEO 03/19/2009