

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90167 032 \*\*\*550.00

**DOCUMENT # F01000006616**

1. Entity Name  
**PALMER SNYDER, INC.**

Principal Place of Business

143 S. JACKSON STE 1  
 ELKHORN WI 53121

Mailing Address

143 S. JACKSON STE 1  
 ELKHORN WI 53121

DUIJ0400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **25-1590625**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, ROGER A	
STREET ADDRESS	400 N EXECUTIVE DR., STE 200	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARDNER, JOHN G	
STREET ADDRESS	143 S JACKSON ST., STE 1	
CITY-ST-ZIP	ELKHORN WI	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENDERSON, BARBETTE K	
STREET ADDRESS	500 WEST BROWN DEER ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BIBLER, RICHARD S	
STREET ADDRESS	500 WEST BROWN DEER ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEM, LAWRENCE	
STREET ADDRESS	500 WEST BROWN DEER ROAD	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROGER A. CLARK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8-22-02** Daytime Phone #: **762-733-8200**

CR2E034 (4/02)