


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000150760
 05/04/04-80016-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ROGER A 400 N EXECUTIVE DR., STE 200 BROOKFIELD, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDNER, JOHN G 143 S JACKSON ST., STE 1 ELKHORN, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRISKE, TOD A 143 S. JACKSON ST. SUITE 1 ELKHORN, WI 53121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KEM, LAWRENCE 143 S. JACKSON ST. ELKHORN, WI 53121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: TOO FRISKE Date: 4-28-04 Daytime Phone #: 262-723-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR