

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006616

FILED
Aug 27, 2003
Secretary of State

Entity Name: PALMER SNYDER, INC.

Current Principal Place of Business:

143 S. JACKSON STE 1
ELKHORN, WI 53121

New Principal Place of Business:

Current Mailing Address:

143 S. JACKSON STE 1
ELKHORN, WI 53121

New Mailing Address:

FEI Number: 25-1590625

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: CLARK, ROGER A
Address: 400 N EXECUTIVE DR., STE 200
City-St-Zip: BROOKFIELD, WI

Title: VD () Delete
Name: GARDNER, JOHN G
Address: 143 S JACKSON ST., STE 1
City-St-Zip: ELKHORN, WI

Title: S () Delete
Name: HENDERSON, BARBETTE K
Address: 500 WEST BROWN DEER ROAD
City-St-Zip: MILWAUKEE, WI

Title: CD (X) Delete
Name: BIBLER, RICHARD S
Address: 500 WEST BROWN DEER ROAD
City-St-Zip: MILWAUKEE, WI

Title: VD () Delete
Name: KEM, LAWRENCE
Address: 500 WEST BROWN DEER ROAD
City-St-Zip: MILWAUKEE, WI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: FRISKE, TOD A
Address: 143 S. JACKSON ST. SUITE 1
City-St-Zip: ELKHORN, WI 53121

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

Title: CD (X) Change () Addition
Name: KEM, LAWRENCE
Address: 143 S. JACKSON ST.
City-St-Zip: ELKHORN, WI 53121

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: TOD FRISKE

S

08/27/2003

Electronic Signature of Signing Officer or Director

_____ Date