2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000881

1. Entity Name
MEA1, INC.

Principal Place of Business	Mailing Address
5117 UNIVERSITY AVENUE MADISON, WI 53705	P.O. BOX 5249 MADISON, WI 53705

04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-2043580
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAL SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

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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, 2005 Fee will be $550.00

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

###000313544
04/18/05-80128-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RANSOM, SCOTT A
STREET ADDRESS	5117 UNIVERSITY AVENUE
CITY-ST-ZIP	MADISON, WI
TITLE	VD
NAME	HELIN, KURTIS M
STREET ADDRESS	5117 UNIVERSITY AVENUE
CITY-ST-ZIP	MADISON, WI
TITLE	VD
NAME	SAUNDERS, SCOTT R
STREET ADDRESS	5117 UNIVERSITY AVENUE
CITY-ST-ZIP	MADISON, WI
TITLE	ST
NAME	WOYKE, ELI
STREET ADDRESS	5117 UNIVERSITY AVENUE
CITY-ST-ZIP	MADISON, WI 53705
TITLE	D
NAME	BRAUCHT, DAVID W
STREET ADDRESS	5117 UNIVERSITY AVENUE
CITY-ST-ZIP	MADISON, WI
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: _____ Scott Ransom 4/13/05 608.238.0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #