2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State
03-09-2006 90368 001 ***300.00

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1. Entity Name
MEA1, INC.

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

66004481

01112006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be $550.00

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

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 R Ransom Pres. & CEO 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #