2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# F02000000881

Entity Name: ERDMAN ARCHITECTURE & ENGINEERING COMPANY

Current Principal Place of Business:

ONE ERDMAN PLACE
MADISON, WI 53717

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 44975
MADISON, WI 53744

New Mailing Address:

FEI Number: 39-2043580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NRAL SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: _____ 03/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP D ( ) Delete
Name: ASCHENBRENNER, THOMAS
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: PD ( ) Delete
Name: HELIN, KURTIS
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: VP D ( ) Delete
Name: SAUNDERS, SCOTT
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: ST ( ) Delete
Name: WOYKE, ELI
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

Title: VP D ( ) Delete
Name: MYERS, GEORGE
Address: ONE ERDMAN PLACE
City-St-Zip: MADISON, WI 53717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KURTIS HELIN PRES 03/16/2009
Electronic Signature of Signing Officer or Director — Date