


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002337	
1. Entity Name JEFFERSON WELLS INTERNATIONAL, INC.	

Principal Place of Business 200 S EXECUTIVE DR 440 BROOKFIELD, WI 53005	Mailing Address 200 S EXECUTIVE DR 440 BROOKFIELD, WI 53005
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DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1845657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, OWEN J 200 S EXECUTIVE DR BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERRMANN, GEORGE P 200 S EXECUTIVE DR BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHULTZ, LYANN 200 S EXECUTIVE DR BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANGER, DENNIS 200 S EXECUTIVE DR BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOERRES, JEFFREY A 5301 N. IRONWOOD ROAD MILWAUKEE, WI 53201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHANDEL, MICHAEL 5301 N. IRONWOOD ROAD MILWAUKEE, WI 53201

**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)(f), 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: Lyann Schultz Lyann Schultz 01/10/05 262-957-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #