

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90056 016 ***150.00

DOCUMENT # F02000003504

1. Entity Name
BAIRD INSURANCE SERVICES, INC.



Principal Place of Business
**777 EAST WISCONSIN AVENUE
SUITE 600
MILWAUKEE, WI 53202**

Mailing Address
**777 EAST WISCONSIN AVENUE
SUITE 600
MILWAUKEE, WI 53202**

2. Principal Place of Business
777 E. Wisconsin Ave.

3. Mailing Address
777 E. Wisconsin Ave.

Suite, Apt. #, etc.
18th Fl

Suite, Apt. #, etc.
18th Fl

City & State
Milwaukee, WI

City & State
Milwaukee, WI

01242006 Chg-P CR2E034 (11/05)

4. FEI Number
39-1236032

Applied For
Not Applicable

Zip
53202

Country
USA

Zip
53202

Country
USA

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **CP** ☒ Delete
NAME **EDWARDS, BRYCE P**
STREET ADDRESS **777 EAST WISCONSIN AVENUE**
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE **DV** ☒ Delete
NAME **LUY, JOHN J**
STREET ADDRESS **777 EAST WISCONSIN AVENUE**
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE **DS** ☐ Delete
NAME **HACKMAN, GLEN F**
STREET ADDRESS **777 EAST WISCONSIN AVENUE**
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE **V** ☒ Delete
NAME **CALDER, MARY L**
STREET ADDRESS **777 EAST WISCONSIN AVENUE**
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE **T** ☐ Delete
NAME **RUSH, LEONARD M**
STREET ADDRESS **777 EAST WISCONSIN AVENUE**
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE **V** ☒ Delete
NAME **SORENSEN, LINDA M**
STREET ADDRESS **777 EAST WISCONSIN AVENUE**
CITY-ST-ZIP **MILWAUKEE, WI 53202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☐ Change ☒ Addition
NAME **Michael J. Schroeder**
STREET ADDRESS **777 East Wisconsin Avenue**
CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE **Vice President/Director** ☐ Change ☒ Addition
NAME **Paul A. von Paumgartten**
STREET ADDRESS **777 East Wisconsin Avenue**
CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Glen F. Hackmann

Glen F. Hackmann

1/25/06

414-765-3618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #