
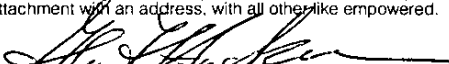


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90833 002 \*\*\*150.00

<b>DOCUMENT #F02000003504</b> 1. Entity Name Baird Insurance Services, Inc.																																																																																																																													
Principal Place of Business 777 E. Wisconsin Ave. Milwaukee, WI 53202				Mailing Address 777 E. Wisconsin Ave. Milwaukee, WI 53202																																																																																																																									
2. Principal Place of Business - No P.O. Box # 777 E. Wisconsin Ave.		3. Mailing Address 777 E. Wisconsin Ave.		<div style="font-size: 2em; font-weight: bold;">40082850</div> <div style="margin-top: 20px;">Chg-P      CR2E034 (12/06)</div>																																																																																																																									
Suite, Apt. #, etc. 18th Fl		Suite, Apt. #, etc. 18th Fl																																																																																																																											
City & State Milwaukee, WI		City & State Milwaukee, WI																																																																																																																											
Zip 53202	Country USA	Zip 53202	Country USA																																																																																																																										
4. FEI Number 39-1236032				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> 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 <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE April 25, 2007																																																																																																																									
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President/Director</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Michael J. Schroeder</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 E. Wisconsin Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Milwaukee, WI 53202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Vice President/Director</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Paul J. von Paumgarten</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 E. Wisconsin Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Milwaukee, WI 53202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary/Director</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Glen F. Hackmann</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 E. Wisconsin Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Milwaukee, WI 53202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Treasurer</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Leonard M. Rush</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 E. Wisconsin Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Milwaukee, WI 53202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Assistant Secretary</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Deborah J. Fabritz</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 E. Wisconsin Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Milwaukee, WI 53202</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	President/Director	<input type="checkbox"/> Delete	NAME	Michael J. Schroeder		STREET ADDRESS	777 E. Wisconsin Avenue		CITY-ST-ZIP	Milwaukee, WI 53202		TITLE	Vice President/Director	<input type="checkbox"/> Delete	NAME	Paul J. von Paumgarten		STREET ADDRESS	777 E. Wisconsin Avenue		CITY-ST-ZIP	Milwaukee, WI 53202		TITLE	Secretary/Director	<input type="checkbox"/> Delete	NAME	Glen F. Hackmann		STREET ADDRESS	777 E. Wisconsin Avenue		CITY-ST-ZIP	Milwaukee, WI 53202		TITLE	Treasurer	<input type="checkbox"/> Delete	NAME	Leonard M. Rush		STREET ADDRESS	777 E. Wisconsin Avenue		CITY-ST-ZIP	Milwaukee, WI 53202		TITLE	Assistant Secretary	<input type="checkbox"/> Delete	NAME	Deborah J. Fabritz		STREET ADDRESS	777 E. Wisconsin Avenue		CITY-ST-ZIP	Milwaukee, WI 53202		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.																																																																																																																													
<b>SIGNATURE:</b> 				<b>Secretary</b>																																																																																																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date April 25, 2007																																																																																																																									
<small>Daytime Phone #</small>				<small>Daytime Phone #</small>																																																																																																																									