2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# F02000003504

Entity Name: BAIRD INSURANCE SERVICES, INC.

Current Principal Place of Business:

777 EAST WISCONSIN AVENUE
18TH FL
MILWAUKEE, WI 53202

New Principal Place of Business:

Current Mailing Address:

777 EAST WISCONSIN AVENUE
18TH FL
MILWAUKEE, WI 53202

New Mailing Address:

FEI Number: 39-1236032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHROEDER, MICHAEL J
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: VPD ( ) Delete
Name: VON PAUMGARTTEN, PAUL A
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: DS ( ) Delete
Name: HACKMAN, GLEN F
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: V ( ) Delete
Name: CALDER, MARY L
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: T ( ) Delete
Name: RUSH, LEONARD M
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: V (X) Delete
Name: SORENSON, LINDA M
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

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: AS (X) Change ( ) Addition
Name: FABRITZ, DEBORAH J
Address: 777 EAST WISCONSIN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

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: GLEN F. HACKMANN DS 02/04/2008

Electronic Signature of Signing Officer or Director — Date