


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000004645**  
 1. Entity Name  
**ENGBERG ANDERSON DESIGN PARTNERSHIP, INC.**



Principal Place of Business  
**611 N. BROADWAY, SUITE 517  
 MILWAUKEE, WI 53202**

Mailing Address  
**611 N. BROADWAY, SUITE 517  
 MILWAUKEE, WI 53202**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>39-1601532</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENGBERG, CHARLES M
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	V
NAME	SMITH, SCOTT M
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	V
NAME	ERNST, MARK R
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	V
NAME	HUBERTY, JOSEPH M
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	S
NAME	WILLIAMS, WILLIAM W
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	T
NAME	ANDERSON, KEITH R
STREET ADDRESS	611 N. BROADWAY, SUITE 517
CITY-ST-ZIP	MILWAUKEE, WI 53202

U00000019818  
 01/29/04-80041-004 158.75

**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)(i), 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: Scott M. Smith **SCOTT M. SMITH, VICE-PRESIDENT** 1/23/04 414-944-9000

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