

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



02212005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 39-1601532      Not Applicable

5. Certificate of Status Desired        \$8.75 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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

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 02/26/05-B0038-014 158.75

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: Scott M. Smith    5001 N. SMITH    2/26/05    414-944-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #