## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000169

Entity Name: CONGRESS INSURANCE AGENCY, INC.

FILED Feb 02, 2004 Secretary of State

•		,				
Current Principal Place of Business:				New Principal Place of Business:		
101 N. 1ST AVENUE SUITE 2460 PHOENIX, AZ 86003						
Current Mailing Address:				New Mailing Address:		
111 E. WISCONSIN AVENUE SUITE 1250 MILWAUKEE, WI 53202			111 E. WISCONSIN AVENUE SUITE 1100 MILWAUKEE, WI 53202			
FEI Number: 86-0399632 FEI Number Applied For ( ) FEI Number			mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registered of	fice or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Cam	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HARLIN, JAMES	SIN AVE. SUITE 1250		Title: Name: Address: City-St-Zip:	HARLIN, JAMES	SIN AVE. SUITE 1100
Title: Name: Address: City-St-Zip:	HENDRICKSON,	SIN AVE. SUITE 1250		Title: Name: Address: City-St-Zip:	DUMBAULD, SC	SIN AVE. SUITE 1100
Title: Name: Address: City-St-Zip:	WORF, JEFF	Delete SIN AVE. SUITE 1250 I 53202		Title: Name: Address: City-St-Zip:	WORF, JEFF 111 E. WISCON	Change ( ) Addition ISIN AVE. SUITE 1100 /I 53202
Title: Name: Address: City-St-Zip:	BENNETT, CHAR	SIN AVE. SUITE 1250		Title: Name: Address: City-St-Zip:	RIESTERER, JA	SIN AVE. SUITE 1100
Title: Name: Address: City-St-Zip:	C (X) HIGGINS, THOM 1111 POLARIS F COLUMBUS, OH	PARKWAY		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VC (X) KUNDERT, DAVI 1111 POLARIS F	PARKWAY		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES HARLIN P 02/02/2004