

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000169

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CONGRESS INSURANCE AGENCY, INC.

## Current Principal Place of Business:

101 N. 1ST AVENUE SUITE 2460  
PHOENIX, AZ 86003

## New Principal Place of Business:

## Current Mailing Address:

111 E. WISCONSIN AVENUE SUITE 1100  
MILWAUKEE, WI 53202

## New Mailing Address:

FEI Number: 86-0399632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: HARLIN, JAMES L  
Address: 111 E. WISCONSIN AVE. SUITE 1100  
City-St-Zip: MILWAUKEE, WI 53202

Title: V ( ) Delete  
Name: DUMBAULD, SCOTT  
Address: 111 E. WISCONSIN AVE. SUITE 1100  
City-St-Zip: MILWAUKEE, WI 53202

Title: S ( ) Delete  
Name: WOLF, JEFF  
Address: 111 E. WISCONSIN AVE. SUITE 1100  
City-St-Zip: MILWAUKEE, WI 53202

Title: T ( ) Delete  
Name: RIESTERER, JAMIE  
Address: 111 E. WISCONSIN AVE. SUITE 1100  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 L HARLIN

CEO

04/29/2005

Electronic Signature of Signing Officer or Director

Date