2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000000933

1. Entity Name
R.A. SMITH & ASSOCIATES, INC.

Principal Place of Business
16745 W. BLUEMOUND ROAD, SUITE 200
BROOKFIELD, WI 53005

Mailing Address
16745 W. BLUEMOUND ROAD, SUITE 200
BROOKFIELD, WI 53005

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1318572 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000429672
02/22/06-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	MGRD
NAME	GLOCKA, GEORGE E
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200
CITY-ST-ZIP	BROOKFIELD, WI 53005
TITLE	MGRD
NAME	KENKEL, JEFFREY F P.E.
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200
CITY-ST-ZIP	BROOKFIELD, WI 53005
TITLE	MGRD
NAME	GERSCHKE, GLENN J
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200
CITY-ST-ZIP	BROOKFIELD, WI 53005
TITLE	PTD
NAME	SMITH, RICHARD A
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200
CITY-ST-ZIP	BROOKFIELD, WI 53005
TITLE	VSD
NAME	SMITH, JOAN M
STREET ADDRESS	16745 W. BLUEMOUND ROAD, SUITE 200
CITY-ST-ZIP	BROOKFIELD, WI 53005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard A. Smith — Richard A. Smith — (262) 317-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #