

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 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



01162007 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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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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Smith

262-317-3214

Date

Daytime Phone #