

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001650

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** LAFORCE, INCORPORATED

**Current Principal Place of Business:**

1060 WEST MASON STREET  
GREEN BAY, WI 54303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10068  
GREEN BAY, WI 543070068 US

**New Mailing Address:**

**FEI Number:** 39-0980509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAFORCE, ELEANOR  
2026 LAUREL OAK DRIVE  
PALM CITY, FL 34990 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LATOUR, MICHAEL  
Address: 610 WINDING WATER WAY  
City-St-Zip: DE PERE, WI 54115

Title: VP  
Name: MCGLACHLIN, JEFFREY  
Address: 2765 RENNYS WAY  
City-St-Zip: GREEN BAY, WI 54313

Title: SEC  
Name: KNIER, JOHN  
Address: 378 E MARSEILLES ST  
City-St-Zip: VERNON HILLS, IL 60661

Title: TREA  
Name: PRUSKI, JILL  
Address: 1918 PIKE LANE  
City-St-Zip: DE PERE, WI 54115

Title: CEO  
Name: METZLER, KEN  
Address: 2275 TORDEUR COURT  
City-St-Zip: GREEN BAY, WI 54311

Title: PRES  
Name: MANNERING, BRIAN  
Address: 1425 WEXFORD LANE  
City-St-Zip: GREEN BAY, WI 54313

I hereby 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 all other like empowered.

SIGNATURE: JILL M PRUSKI

TREA

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date