2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F03000006086

Entity Name: CRISIS PREVENTION INSTITUTE, INC.

Current Principal Place of Business:

3315-H NORTH 124TH STREET
BROOKFIELD, WI 53005

New Principal Place of Business:

Current Mailing Address:

3315-H NORTH 124TH STREET
BROOKFIELD, WI 53005

New Mailing Address:

FEI Number: 39-2012874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: PRES ( ) Delete
Name: JUDITH, SCHUBERT
Address: 3315-H N. 124TH STREET
City-St-Zip: BROOKFIELD, WI 53005

Title: DIR ( ) Delete
Name: DANIEL, JONES
Address: 3315-H N. 124TH STREET
City-St-Zip: BROOKFIELD, WI 53005

Title: TREA ( ) Delete
Name: ANNE, HAYES
Address: 3315-H N. 124TH STREET
City-St-Zip: BROOKFIELD, WI 53005

Title: SEC ( ) Delete
Name: SUZANNE, KRISCUNAS
Address: 3315-H N. 124TH STREET
City-St-Zip: BROOKFIELD, WI 53005

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 exemption stated 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 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: DANIEL S. GUGALA G.C. 01/09/2008

Electronic Signature of Signing Officer or Director — Date