## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000006086

Address:

City-St-Zip:

3315-H N. 124TH STREET

BROOKFIELD, WI 53005

**Entity Name:** CRISIS PREVENTION INSTITUTE, INC.

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3315-H NORTH 124TH STREET BROOKFIELD, WI 53005 **Current Mailing Address: New Mailing Address:** 3315-H NORTH 124TH STREET BROOKFIELD, WI 53005 FEI Number: 39-2012874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES ( ) Delete Title: PRFS (X) Change ( ) Addition JUDITH, SCHUBERT JUDITH, SCHUBERT PRES Name: Name: 3315-H N. 124TH STREET 3315-H N. 124TH STREET Address: Address: City-St-Zip: BROOKFIELD, WI 53005 City-St-Zip: BROOKFIELD, WI 53005 Title: DIR Title: (X) Change ( ) Addition ( ) Delete Name: DANIEL, JONES Name: KREN, JULIE CFO 3315-H N. 124TH STREET 3315-H N. 124TH STREET Address: Address: BROOKFIELD, WI 53005 BROOKFIELD, WI 53005 City-St-Zip: City-St-Zip: Title: Title: TRFA ( ) Delete () Change () Addition ANNE, HAYES Name: Name: 3315-H N. 124TH STREET Address: Address: City-St-Zip: BROOKFIELD, WI 53005 City-St-Zip: Title: SEC (X) Delete Title: () Change () Addition SUZANNE, KRISCUNAS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL S. GUGALA G.C 01/14/2009