2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

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Entity Name: CRISIS PREVENTION INSTITUTE, INC.

Current Principal Place of Business:

3315-H NORTH 124TH STREET
BROOKFIELD, WI 53005

New Principal Place of Business:

10850 W. PARK PLACE
SUITE 600
MILWAUKEE, WI 53224

Current Mailing Address:

3315-H NORTH 124TH STREET
BROOKFIELD, WI 53005

New Mailing Address:

10850 W. PARK PLACE
SUITE 600
MILWAUKEE, WI 53224

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: JUDITH, SCHUBERT PRES
Address: 10850 W. PARK PLACE STE 600
City-St-Zip: MILWAUKEE, WI 53224

Title: CFO
Name: KREN, JULIE CFO
Address: 10850 W. PARK PLACE STE 600
City-St-Zip: MILWAUKEE, WI 53224

Title: TREA
Name: HAYES, ANNE
Address: 10850 W. PARK PLACE STE 600
City-St-Zip: MILWAUKEE, WI 53224

Title: CEO
Name: JACE, TONY
Address: 10850 W. PARK PLACE STE 600
City-St-Zip: MILWAUKEE, WI 53224

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: TONY JACE CEO 01/17/2011

Electronic Signature of Signing Officer or Director — Date