

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000401

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: CARLSON COMPANY INTEGRATED SERVICES, INC.

## Current Principal Place of Business:

301 W. LINCOLN AVENUE  
FALL CREEK, WI 54742 US

## New Principal Place of Business:

1533 RAEDEL ROAD  
EAU CLAIRE, WI 54703 US

## Current Mailing Address:

PO BOX 427  
FALL CREEK, WI 54742 US

## New Mailing Address:

PO BOX 1480  
EAU CLAIRE, WI 54702 US

FEI Number: 39-1450452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARLSON, WILLIAM D  
1142 ANDREWS STREET  
ENGLEWOOD, FL 34224 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: PC ( ) Delete  
Name: CARLSON, WILLIAM  
Address: 1142 ANDREWS STREET  
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP ( ) Delete  
Name: CARTWRIGHT, JULIE  
Address: 1533 RAEDEL ROAD  
City-St-Zip: EAU CLAIRE, WI 54703

Title: TSD ( ) Delete  
Name: CARLSON, SUSAN  
Address: 1142 ANDREWS STREET  
City-St-Zip: ENGLEWOOD, FL 34224

## 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:

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: JULIE CARTWRIGHT

VP

04/21/2008

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

\_\_\_\_\_  
Date