

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003114

FILED  
Jul 14, 2009  
Secretary of State

Entity Name: HHC OF WISCONSIN, INC

## Current Principal Place of Business:

ONE ABC PARKWAY  
BELOIT, WI 53511

## New Principal Place of Business:

655 THIRD STREET  
SUITE 303  
BELOIT, WI 53511

## Current Mailing Address:

ONE ABC PARKWAY  
BELOIT, WI 53511

## New Mailing Address:

655 THIRD STREET  
SUITE 303  
BELOIT, WI 53511

FEI Number: 39-2016366

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HENDRICKS, DIANE M  
Address: ONE ABC PARKWAY  
City-St-Zip: BELOIT, WI 53511

Title: V ( ) Delete  
Name: BUEHL, TODD M  
Address: 655 3RD ST SUITE 303  
City-St-Zip: BELOIT, WI 53511

Title: D ( ) Delete  
Name: LUCK, DAVID A  
Address: ONE ABC PARKWAY  
City-St-Zip: BELOIT, WI 53511

Title: PD ( ) Delete  
Name: STENTZ, JEFFREY A  
Address: ONE ABC PARKWAY  
City-St-Zip: BELOIT, WI 53511

Title: S ( ) Delete  
Name: SWAIN, CARLA  
Address: ONE ABC PARKWAY  
City-St-Zip: BELOIT, WI 53511

## 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:

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: DIANE M. HENDRICKS

D

07/14/2009

Electronic Signature of Signing Officer or Director

Date