

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000318

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: PARTNERS IN DESIGN ARCHITECTS, INC.

**Current Principal Place of Business:**

600 52ND STREET SUITE 220  
KENOSHA, WI 53140

**New Principal Place of Business:**

**Current Mailing Address:**

600 52ND STREET SUITE 220  
KENOSHA, WI 53140

**New Mailing Address:**

FEI Number: 39-1699122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FAUST, BELINDA  
C/O THE LOCK UP STORAGE  
1200 PINE RIDGE ROAD  
NAPLES, FL 34108 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: P ( ) Delete  
Name: O'CONNELL, THOMAS J JR  
Address: 1612 N SHERIDAN ROAD  
City-St-Zip: WAUKEGAN, IL 60085

Title: V ( ) Delete  
Name: BRISSKE, WERNER H  
Address: 1325 WOODLAND DRIVE  
City-St-Zip: DEERFIELD, IL 60015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BRISSKE, WERNER H

VP

06/26/2009

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

\_\_\_\_\_  
Date