

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005559

Entity Name: HERZING INSTITUTES, INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

525 NORTH 6TH STREET
MILWAUKEE, WI 53203

New Principal Place of Business:

Current Mailing Address:

525 NORTH 6TH STREET
MILWAUKEE, WI 53203

New Mailing Address:

FEI Number: 39-1040865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERZING, HENRY G
64 CAYMAN PLACE
PALM BEACH GARDENS, FL 33418 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: DCPT () Delete
Name: HERZING, HENRY G
Address: 64 CAYMAN PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: HERZING, SUZANNE
Address: 64 CAYMAN PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: FROELICH, JOSEPH
Address: 2470 BUCKINGHAM PLACE
City-St-Zip: BROOKFIELD, WI 53045

Title: S () Delete
Name: BRZECZKOWSKI, DAVID. P
Address: N79 W28227 TOURMALINE CT
City-St-Zip: HARTLAND, WI 53029

Title: V () Delete
Name: GUGELMEYER, ROGER
Address: 597 W13548 LLOYD MANGRUM COURT
City-St-Zip: MUSKEGO, WI 53150

Title: V () Delete
Name: CIANCARUSO, FRANK
Address: W312 N4994 BELLE TOWER PLACE
City-St-Zip: HARTLAND, WI 53029

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID P BRZECZKOWSKI

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04/16/2007

Electronic Signature of Signing Officer or Director

Date