

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90057 014 ***158.75

DOCUMENT # F96000003408

1. Entity Name
NORLIGHT TELECOMMUNICATIONS, INC.



Principal Place of Business
**13935 BISHOPS DRIVE
BROOKFIELD, WI 53005**

Mailing Address
**13935 BISHOPS DRIVE
BROOKFIELD, WI 53005**

10041000



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
39-1712867

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C.T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIL, DOUGLAS 333 WEST STATE ST, JOURNAL COMMUN. INC MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, STEVEN J 333 WEST STATE STREET MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DITTER, JAMES J 13935 BISHOPS DR. BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, ROBERT E 13935 BISHOPS DR. BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ULICKI, MICHAEL S 13935 BISHOPS DR. BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRITZER, PAUL E 333 WEST STATE STREET MILWAUKEE, WI 53203

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. GARVEY

2-3-05

Date

(262) 792-9700

Daytime Phone #

VP/CEO