2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004469

Entity Name: PALMER HAMILTON LLC

City-St-Zip:

ELKHORN, WI 53121

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 143 S. JACKSON ST., STE. 1 ELKHORN, WI 53121 **Current Mailing Address: New Mailing Address:** 143 S. JACKSON ST., STE. 1 ELKHORN, WI 53121 FEI Number: 20-1201862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GARDNER, JOHN G Name: Name: Address: 143 S. JACKSON ST., STE. 1 Address: City-St-Zip: ELKHORN, WI 53121 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FRISKE, TOD A Name: Address: 143 S. JACKSON ST., STE, 1 Address: City-St-Zip: ELKHORN, WI 53121 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition DOUGHERTY, JAMES M Name: Name: Address: 143 S. JACKSON ST., STE. 1 Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: TOD FRISKE VP 03/09/2009