2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000000715

PARKER SERVICES, L.L.C. (OF WISCONSIN)



Principal Place of Business

1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 Mailing Address

1800 NORTH POINT DRIVE STEVENS POINT, WI 54481

FILED Jan 18, 2005 8:00 am **Secretary of State**

01-18-2005 90186 030 ****50.00

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DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 39-1956269

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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

6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, byte or privated name of registered agent and title if applicable. (NOTE: Registered Agent Wignature required when reinstating) 9. MANAGING MEMBERS/MANAGERS TITLE MGR O'REILLY, WILLIAM M STREET ADDRESS 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE MGR CLAWSON, JAMES C 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE MGR STREET ADDRESS 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE MGR STRIET ADDRESS 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE MGR STRIET ADDRESS 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE MGR STRIET ADDRESS 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE MGR STRIET ADDRESS 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481 TITLE IN THIS SPACE					
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11. 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 is true and accurate and that my 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.

SIGNATURE: LE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE William M.

Q'Reilly

Secretary/Manager

01/14/05

715-346-6000

Daytime Phone #