


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # M99000000715</b> 1. Entity Name <b>PARKER SERVICES, L.L.C. (OF WISCONSIN)</b>	
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Principal Place of Business <b>1800 NORTH POINT DRIVE STEVENS POINT, WI 54481</b>	Mailing Address <b>1800 NORTH POINT DRIVE STEVENS POINT, WI 54481</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>39-1956269</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'REILLY, WILLIAM M 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAWSON, JAMES C 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STITZLEIN, JAMES D 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481
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IN THIS SPACE**

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:**  **Secretary/Manager** **01/14/05** **715-346-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**William M. O'Reilly**