


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000000715</b> 1. Entity Name PARKER SERVICES, L.L.C. (OF WISCONSIN)	
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Principal Place of Business 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	Mailing Address 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481
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02172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 39-1956269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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, 2006**

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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1000000447369  
03/08/06-80052-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William M. O'Reilly Secretary/Manager 02/17/06 715-346-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William M. O'Reilly