


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000000715 1. Entity Name 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
--	--

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 39-1956269	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000584223
01/12/07-80028-015 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 **JAN - 5 2007** 715-346-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William M. O'Reilly, Secretary and Manager