P00744

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900029999789

03/16/14-41063-402 **70.00

OLMAR -9 PH 12: 57
SECRETARY OF STATEA

PACIFIC PACIFI

PREMIER CORPORATE SERVICES, INC.

208 South LaSalle Street, Suite 1855

Chicago, IL 60604 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

March 4, 2004

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Baird Insurance Services, Inc.
Robert W. Baird & Co., Incorporated

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc. Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submit	ted for a corporation orga	nized under the laws of	18, or 617.1508, Florida Statute The State of <u>Wisconsin</u>	
to change its reg	istered office or registered	agent, or both, in the Si	ate of Florida.	
1. The name of the	he corporation: Robert W	. Baird & Co., Incorpo	rated	<u> </u>
2. The principal of	office address: 777 E. Wi	sconsin Avenue, Milw	aukee, WI 53202	<u> </u>
		<u> </u>		<u> </u>
3. The mailing ac	ddress (if different):		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>15 </u>
4. Date of incorp	oration/qualification: 1/30	D/84 Doc	ument number: P00744	
	street address of the current tment of State:	nt registered agent and r	egistered office on file with the	
	CT CORPORATION SY	STEM	tarre e e e	-1 2
	1200 S. PINE ISLAND	ROAD	<u> </u>	是 3
	PLANTATION FL 3332	24		OW MR -9
6. The name and (if changed):	street address of the new to	registered agent (if chan	ged) and /or registered office	PAIR: 57
	526 E. Park Avenue			
	(P.0	O. Box or personal mailbox NOT	acceptable)	
	Tallahassee, FL 323	301		<u> </u>
The street addre	ess of its registered office identical.	and the street address	of the business office of its regi	stered agent, as
Such change wa	as authorized by resolution e corporation has been no	n duly adopted by its b tified in writing of the	oard of directors or by an office change.	er so authorized by
_Mu	Signature of an officer or director)		Glen F. Hackmann, Secreta	ry na mne)
I hereby accept I further agree duties, and I an being filed mer	the appointment as regist to comply with the provisi in familiar with and accept ely to reflect a change in it writing of this change.	ions of all statutes rela	•	performance of my
If signing on be	ehalf of an entity:	-		
Anthony J. Al	exander (Typed or Printed Name)	<u>ja e</u> n som	Asst. Secretary (Capacity)	

* * * FILING FEE: \$35.00 * * *