2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20042

Entity Name: AYRES ASSOCIATES INC

FILED Apr 11, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
SUITE 200	DEN RIVER PA L 336371035					
Current Mailing Address:			New Maili	New Mailing Address:		
3433 OAKWOOD HILLS PKWY EAU CLAIRE, WI 54701 US						
FEI Number:	39-0965082	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Nar				Address of N	New Registered Agent:	
C/O C T C 1200 SOU PLANTATI The above	ORATION SYS ORPORATION TH PINE ISLAI ON, FL 33324 named entity set of Florida.	N SYSTEM ND RD - US	urpose of changing	its registered c	office or registered agent, or both,	
SIGNATURE:						
0.0.0.		ic Signature of Registered Age	nt		 Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () KEMP, DAIVD I 1191 EAGLE PO ST AUGUSTINE	OINT DRIV	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	AS () STUMM, THOM 2934 GREEN V EAU CLAIRE, V	IEW DR	Title: Name: Address: City-St-Zip:	WEISENBECK	HEIGHTS DRIVE	
Title: Name: Address: City-St-Zip:	PD () QUINN, PATRIC 4332 WOODRII EAU CLAIRE, V	DGE DRIVE	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	HANCOCK, DAY 7574 N PINE HA		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () DINGMANN, DU RT 6 BOX 215 EAU CLAIRE, V		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SCHALL, JAME 4333 WESTBR		Title: Name: Address: City-St-Zip:	EVP (X PULSE, THOM 3929 LASALLE EAU CLAIRE, \	STREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL S WEISENBECK

AT

04/11/2008

Electronic Signature of Signing Officer or Director

Date