

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20042

FILED
Apr 10, 2009
Secretary of State

Entity Name: AYRES ASSOCIATES INC

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 200
TAMPA, FL 336371035 US

New Principal Place of Business:

Current Mailing Address:

3433 OAKWOOD HILLS PKWY
EAU CLAIRE, WI 54701 US

New Mailing Address:

FEI Number: 39-0965082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KEMP, DAVID K
Address: 1191 EAGLE POINT DRIV
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: AT () Delete
Name: WEISENBECK, JILL S
Address: 3729 FOREST HEIGHTS DRIVE
City-St-Zip: EAU CLAIRE, WI 54701 US

Title: PD () Delete
Name: QUINN, PATRICK J.
Address: 4332 WOODRIDGE DRIVE
City-St-Zip: EAU CLAIRE, WI 54701 US

Title: D () Delete
Name: HANCOCK, DAVID
Address: 7574 N PINE HARBOR DR
City-St-Zip: CHIPPEWA FILLS, WI 54729 US

Title: D () Delete
Name: DINGMANN, DUANE E.
Address: RT 6 BOX 215
City-St-Zip: EAU CLAIRE, WI 54701 US

Title: EVP () Delete
Name: PULSE, THOMAS W
Address: 3929 LASALLE STREET
City-St-Zip: EAU CLAIRE, WI 54701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date