

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006086

Entity Name: CRISIS PREVENTION INSTITUTE, INC.**Current Principal Place of Business:**10850 W. PARK PLACE
SUITE 600
MILWAUKEE, WI 53224**Current Mailing Address:**10850 W. PARK PLACE
SUITE 600
MILWAUKEE, WI 53224**FEI Number:** 39-2012874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	SUSAN, DRISCOLL
Address	10850 W. PARK PLACE STE 600
City-State-Zip:	MILWAUKEE WI 53224

Title	CEO
Name	JACE, TONY
Address	10850 W. PARK PLACE STE 600
City-State-Zip:	MILWAUKEE WI 53224

Title	CFO
Name	EPPEL, LORI
Address	10850 W. PARK PLACE SUITE 600
City-State-Zip:	MILWAUKEE WI 53224

Title	SECRETARY
Name	WINTERHOF, KAREN
Address	10850 W. PARK PLACE SUITE 600
City-State-Zip:	MILWAUKEE WI 53224

Title	VP
Name	SCHNELLER, CAS
Address	10850 W. PARK PLACE SUITE 600
City-State-Zip:	MILWAUKEE WI 53224

I hereby 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 all other like empowered.

SIGNATURE: LORI EPPEL**CHIEF FINANCIAL
OFFICER****04/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date