

2015 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 JUDITH, SCHUBERT PRES
Address 10850 W. PARK PLACE STE 600
City-State-Zip: MILWAUKEE WI 53224

Title SEC, SECRETARY
Name KLEIN, PETER W
Address 225 NE MIZNER BLVD. STE 700
City-State-Zip: BOCA RATON FL 33432

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

Title VP
Name SHAGRIN, LAWRENCE L
Address 225 NE MIZNER BLVD. STE 700
City-State-Zip: BOCA RATON FL 33432

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

Title DIRECTOR
Name MORAN, MICHAEL E
Address 225 NE MIZNER BLVD
STE 700
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name BROCKWAY, PETER C
Address 225 NE MIZNER BLVD
STE 700
City-State-Zip: BOCA RATON FL 33432

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

CFO

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date