2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003
Secretary of State

DOCUMENT# F99000003331

Entity Name: KAHLER SLATER ARCHITECTS, INC.

Current Principal Place of Business:

111 W. WISCONSIN AVE.
MILWAUKEE, WI 532035201

New Principal Place of Business:

111 W. WISCONSIN AVE.
ATTN: CAROL GESSERT
MILWAUKEE, WI 532032501

Current Mailing Address:

111 W. WISCONSIN AVE.
MILWAUKEE, WI 532035201

New Mailing Address:

111 W. WISCONSIN AVE.
ATTN: CAROL GESSERT
MILWAUKEE, WI 532032501

FEI Number: 39-1099621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
C/O FOLEY & LARDNER, 200 LAURA ST.
JACKSONVILLE, FL 322023510 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: ESTD ( ) Delete
Name: MEYER, GEORGE C
Address: 111 W. WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 532032501

Title: 3EOD ( ) Delete
Name: RASCHE, JAMES
Address: 111 W. WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 532032501

Title: 3EOD ( ) Delete
Name: MORIN, JILL
Address: 111 W. WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 532032501

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ASST ( ) Change (X) Addition
Name: GESSERT, CAROL
Address: 111 W. WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 532032501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL GESSERT ASST 02/05/2003

Electronic Signature of Signing Officer or Director — Date