

1.) CORPORATION NAME:

Crisis Prevention Institute, Inc.

DUE DATE: **4/3/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1866161**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10850 W. PARK PLACE STE 600

CITY/ST/ZIP: MILWAUKEE, WI 53224

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: Anthony JACE TITLE: CEO ADDRESS: 10850 W. PARK PLACE STE 600 CITY/ST/ZIP/CO: MILWAUKEE, WI 53224</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JULIE KREN TITLE: CFO ADDRESS: 10850 W. PARK PLACE STE 600 CITY/ST/ZIP/CO: MILWAUKEE, WI 53224</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JUDITH SCHUBERT TITLE: PRESIDENT ADDRESS: 10850 W. PARK PLACE STE 600 CITY/ST/ZIP/CO: MILWAUKEE, WI 53224</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: T. Andrew Boswell TITLE: DIRECTOR ADDRESS: 225 NE Mizner Blvd Ste 700 CITY/ST/ZIP/CO: Boca Raton, FL 33432</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: James R. Davis Jr. TITLE: DIRECTOR ADDRESS: 225 NE Mizner Blvd Ste 700 CITY/ST/ZIP/CO: Boca Raton, FL 33432</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Lawrence R. Shagrin TITLE: DIRECTOR ADDRESS: 225 NE Mizner Blvd Ste 700 CITY/ST/ZIP/CO: Boca Raton, FL 33432</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter W. Klein SECRETARY 225 NE Mizner Blvd Ste 700 Boca Raton, FL 33432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence I. Shagrin VICE PRESIDENT 225 NE Mizner Blvd Ste 700 Boca Raton, FL 33432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. Andrew Boswell VICE PRESIDENT 225 NE Mizner Blvd Ste 700 Boca Raton, FL 33432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Anthony Jace DIRECTOR 10850 W. Park Place Ste 600 Milwaukee, WI 53224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Anthony JACE	Anthony JACE,	4/3/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.