

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001346

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** SAUDER MANUFACTURING CO.

**Current Principal Place of Business:**

930 W BARRE RD  
ARCHBOLD, OH 43502 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 230  
ARCHBOLD, OH 43502 US

**New Mailing Address:**

**FEI Number:** 34-4407705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BONTRAGER, PHILIP  
Address: PO BOX 230  
City-St-Zip: ARCHIBOLD, OH 43502

Title: S  
Name: OGDEN, WILLIAM  
Address: PO BOX 230  
City-St-Zip: ARCHIBOLD, OH 43502

Title: T  
Name: BONTRAGER, PHILIP  
Address: PO BOX 230  
City-St-Zip: ARCHIBOLD, OH 43502

Title: VP  
Name: OGDEN, WILLIAM  
Address: PO BOX 230  
City-St-Zip: ARCHIBOLD, OH 43502

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: WILLIAM OGDEN

VP

01/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date