2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006405

Entity Name: POYRY (APPLETON) LLC

Current Principal Place of Business:

2323 E CAPITOL DRIVE APPLETON. WI 54911

APPLETON, WI 54911

Current Mailing Address:

P.O. BOX 8028

APPLETON. WI 54912-8028 US

FEI Number: 39-1909415 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

FILED Mar 18, 2014

Secretary of State

CC4848789985

Authorized Person(s) Detail:

Title MGR Title MGR

Name ASIKAINEN, ARI Name HOOYMAN, MICHAEL E

Address 2323 E CAPITOL DR, PO BOX 8028 Address 2323 E CAPITOL DR, PO BOX 8028

City-State-Zip: APPLETON WI 54912-8028 City-State-Zip: APPLETON WI 54912-8028

Title MGR Title MGR

Name HOWLEY, KEVIN J Name JOHANSSON, CHRISTINA

Address 2323 E CAPITOL DR, PO BOX 8028 Address 2323 E CAPITOL DR, PO BOX 8028

City-State-Zip: APPLETON WI 54912-8028 City-State-Zip: APPLETON WI 54912-8028

Title VP Title TREASURER & SECRETARY

Name MARSICEK, ROGER M Name TAGLIAPIETRA, KIMBERLY A

Address 2323 E CAPITOL DR, PO BOX 8028 Address 2323 E CAPITOL DRIVE PO BOX 8028

City-State-Zip: APPLETON WI 54912-8028 City-State-Zip: APPLETON WI 54912-8028

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E. HOOYMAN

PRESIDENT

03/18/2014