

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825870

**Entity Name:** KEWAUNEE SCIENTIFIC CORPORATION**Current Principal Place of Business:**2700 W FRONT ST  
STATESVILLE, NC 28677**Current Mailing Address:**PO BOX 1842  
STATESVILLE, NC 28687 US**FEI Number:** 38-0715562**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
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 DIRECTOR  
Name SHUMAKER, WILLIAM A  
Address 2700 W FRONT ST  
City-State-Zip: STATESVILLE NC 28677

Title CFO  
Name PARKER, D. M  
Address 2700 WEST FRONT ST.  
City-State-Zip: STATESVILLE NC 28677

Title VP  
Name DAHLGREN, DANA L  
Address 2700 W. FRONT ST.  
City-State-Zip: STATESVILLE NC 28677

Title VP  
Name RINDOKS, KURT P  
Address 2700 W FRONT ST  
City-State-Zip: STATESVILLE NC 28677

Title VP  
Name PHILLIPS, ELIZABETH D  
Address 2700 W. FRONT ST.  
City-State-Zip: STATESVILLE NC 28677

Title PRESIDENT/CEO/DIRECTOR  
Name RAUSCH, DAVID M.  
Address 2700 WEST FRONT STREET  
City-State-Zip: STATESVILLE NC 28677

Title VICE PRESIDENT  
Name SMITH, KEITH D  
Address 2700 WEST FRONT STREET  
City-State-Zip: STATESVILLE NC 28677

Title DIRECTOR  
Name CAMPBELL, JOHN C JR  
Address 600 STEAMBOAT COURT  
City-State-Zip: ARLINGTON TX 76006

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*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: D. MICHAEL PARKER****SR. VP, FIN/CFO****03/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PYLE, MARGARET B  
Address 4806 BATZ ROAD  
City-State-Zip: WESTPORT WI 53597

Title DIRECTOR  
Name RHIND, DAVID S.  
Address 641 WEST WILLOW STREET  
NO. 139  
City-State-Zip: CHICAGO IL 60614

Title DIRECTOR  
Name SHAW, DONALD F  
Address 662 EAST SUNBURTS LANE  
City-State-Zip: TEMPE AZ 85284

Title DIRECTOR  
Name MCCANLESS, ROSS W.  
Address 7439 MORROCROFT FARMS LANE  
City-State-Zip: CHARLOTTE NC 28211

Title DIRECTOR  
Name RUSSELL, JOHN D.  
Address 2331 MOHAWK LANE  
City-State-Zip: GLENVIEW IL 60026