

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002163

**Entity Name:** WAGNER-SMITH EQUIPMENT CO.

**Current Principal Place of Business:**

3201 ENCRETE LANE  
DAYTON, OH 45439

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC8997438440**

**Current Mailing Address:**

PO BOX 5650  
ATTN: TAX DEPARTMENT  
BISMARCK, ND 58506-5650

**FEI Number: 31-1686022**

**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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SCHWARTZ, DORAN N  
Address        1200 W. CENTURY AVE  
City-State-Zip: BISMARCK ND 58503

Title           CHAIRMAN, CEO, DIRECTOR  
Name           THIEDE, JEFFREY S  
Address        3201 ENCRETE LANE  
City-State-Zip: DAYTON OH 45439

Title           PRESIDENT  
Name           KURTIN, TOBIN T  
Address        3201 ENCRETE LANE  
City-State-Zip: DAYTON OH 45439

Title           SECRETARY, DIRECTOR  
Name           KUNTZ, DANIEL S  
Address        1200 WEST CENTURY AVENUE  
City-State-Zip: BISMARCK ND 58503

Title           TREASURER  
Name           HUNKE, JON B  
Address        1150 W CENTURY AVE  
City-State-Zip: BISMARCK ND 58503

*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: JON B HUNKE**

**TREASURER**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date