

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003819

Entity Name: FIBERSTAR, INC.**Current Principal Place of Business:**713 ST. CROIX STREET
RIVER FALLS, WI 54022**Current Mailing Address:**713 ST. CROIX STREET
RIVER FALLS, WI 54022 US**FEI Number:** 91-1886062**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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 CHAPMAN, TRISTAN
Address 3340 BRANTLY OAKS DRIVE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name SCHUSTER, MYRON
Address 1400 S. RIVER STREET
City-State-Zip: SPOONER WI 54801

Title DIRECTOR
Name ROLF, DEBORAH
Address 713 ST. CROIX STREET
City-State-Zip: RIVER FALLS WI 54022

Title CHAIRMAN, DIRECTOR
Name ROTHSCHILD, CHARLES
Address AVENIDA NOVE DE JULHO,5617 CJ 12
A
City-State-Zip: SAO PAULO 01407

Title DIRECTOR
Name MCLORNAN, MARK
Address 713 ST. CROIX STREET
City-State-Zip: RIVER FALLS WI 54022

Title TREASURER
Name RANEY, CHRISTINE
Address 713 ST. CROIX STREET
City-State-Zip: RIVER FALLS WI 54022

Title PRESIDENT, CEO, DIRECTOR
Name HAEN, JOHN
Address 713 ST. CROIX STREET
City-State-Zip: RIVER FALLS WI 54022

Title DIRECTOR
Name HEALY, STEVEN
Address 713 ST. CROIX STREET
City-State-Zip: RIVER FALLS WI 54022

Continues on page 2

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: CHRISTINE RANEY

TREASURER

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | ESKES, DON |
| Address | 1404 W. NORTHRIDGE AVE |
| City-State-Zip: | FRESNO CA 93711 |