

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002425

Entity Name: CMIC SPECIALTY SERVICES, INC.**Current Principal Place of Business:**3000 SCHUSTER LN
MERRILL, WI 54452**Current Mailing Address:**3000 SCHUSTER LN
MERRILL, WI 54452**FEI Number:** 20-3927225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR, CEO
Name POIRIER, RICHARD V.
Address 3000 SCHUSTER LANE
City-State-Zip: MERRILL WI 54452

Title TREASURER, CONTROLLER, VP
Name VANDENBERG, HERMAN W.
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title DIRECTOR
Name RAVN, MICHAEL E.
Address W4397 EAGLE RIDGE LANE
City-State-Zip: MERRILL WI 54452

Title ASSISTANT VICE PRESIDENT
Name SLOGAR, JOY E
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title SECRETARY, GENERAL COUNSEL,
VP
Name SMITH, MICHAEL M
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title DIRECTOR
Name LINDSAY, MARSHA A
Address 5603 TONYAWATHA TRAIL
City-State-Zip: MADISON WI 53716

Title ASST. SECRETARY
Name BRANDT, CYNTHIA M
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title VP, TREASURER, CFO
Name STEFFEN, JEFFREY D
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

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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: MICHAEL M. SMITH**SECRETARY****04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF INFORMATION OFFICER
Name NAMES, SCOTT M
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title VP, CHIEF STRATEGY OFFICER
Name BUCKLEY, ROBERT M
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title VP
Name BAILEY, ANGELA K
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title VP, CHIEF RISK OFFICER
Name ROMINSKE, STEVEN C
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title EXECUTIVE VICE PRESIDENT
Name ROOT, KEVIN D
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452

Title VP
Name FORD, ROSETTA S
Address 3000 SCHUSTER LN
City-State-Zip: MERRILL WI 54452