

**2025 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** SENIOR VICE PRESIDENT,  
SECRETARY, GENERAL COUNSEL,  
DIRECTOR**Name** SMITH, MICHAEL M.**Address** 3000 SCHUSTER LANE**City-State-Zip:** MERRILL WI 54452**Title** DIRECTOR, PRESIDENT**Name** ROOT, KEVIN D.**Address** 3000 SCHUSTER LANE**City-State-Zip:** MERRILL WI 54452**Title** EXECUTIVE VICE PRESIDENT,  
DIRECTOR**Name** RUSHING, PAMELA J.**Address** 3000 SCHUSTER LANE**City-State-Zip:** MERRILL WI 54452**Title** CEO, CHAIRMAN OF THE BOARD,  
DIRECTOR**Name** OGILVIE, ALAN S.**Address** 3000 SCHUSTER LANE**City-State-Zip:** MERRILL WI 54452**Title** CFO, SENIOR VICE PRESIDENT,  
TREASURER, DIRECTOR**Name** GANTZ, DWAYNE A.**Address** 3000 SCHUSTER LANE**City-State-Zip:** MERRILL WI 54452**Title** VP**Name** MYERS, ELIZABETH C.**Address** 3000 SCHUSTER LANE**City-State-Zip:** MERRILL WI 54452

*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****04/11/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date