

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004756

**Entity Name:** EXCEL A&E DESIGN GROUP, INC.

**Current Principal Place of Business:**

100 CAMELOT DRIVE  
FOND DU LAC, WI 54935

**Current Mailing Address:**

100 CAMELOT DRIVE  
FOND DU LAC, WI 54935

**FEI Number:** 39-1689347

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67 COURT NORTH  
LOXACHATCHEE, FL 33470 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           CHRP  
Name           QUAST, JEFFREY M  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           VCHR  
Name           SCHERMERHORN, THOMAS R  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           V  
Name           KOENES, DAVID J  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           VD  
Name           DEL PONTE, RAYMOND A  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           STD  
Name           SOODSMA, STEVEN J  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           VD  
Name           SEIBEL, ANDREW P  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           PRINCIPAL  
Name           SCHERZER, KARL  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

Title           PRINCIPAL  
Name           KRIZENESKY, JIM  
Address        100 CAMELOT DRIVE  
City-State-Zip: FOND DU LAC WI 54935

*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:** STEVEN SOODSMA

**PRINCIPAL**

**01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date