

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001996

**Entity Name:** NORTRAX, INC.**Current Principal Place of Business:**4042 PARK OAKS BLVD  
SUITE 200  
TAMPA, FL 33610**Current Mailing Address:**ONE JOHN DEERE PLACE  
MOLINE, IL 61265 US**FEI Number:** 36-4485436**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	D	Title	PRESIDENT, DIRECTOR, CEO
Name	RUCCOLO, DOMENIC G	Name	MURPHY, TIMOTHY J
Address	1515 5TH AVE	Address	4042 PARK OAKS BLVD, SUITE 200
City-State-Zip:	MOLINE IL 61265	City-State-Zip:	TAMPA FL 33610
Title	VP, CFO	Title	AS
Name	RICHMOND, BEN	Name	RUBINO, MICHAEL
Address	4042 PARK OAKS BLVD. SUITE 200	Address	ONE JOHN DEERE PLACE
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	MOLINE IL 61265
Title	AT	Title	SECRETARY
Name	GUINN, MAX A	Name	DAVIES, TODD E
Address	4042 PARK OAKS BLVD SUITE 200	Address	ONE JOHN DEERE PLACE
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	MOLINE IL 61265
Title	TREASURER		
Name	SPITZFADEN, THOMAS		
Address	ONE JOHN DEERE PLACE		
City-State-Zip:	MOLINE IL 61265		

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 RUBINO**ASSISTANT SECRETARY** 04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date