

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004529

**Entity Name:** API NATIONAL SERVICE GROUP, INC.

**Current Principal Place of Business:**

1100 OLD HIGHWAY 8 NW  
NEW BRIGHTON, MN 55112

**Current Mailing Address:**

1100 OLD HIGHWAY 8 NW  
NEW BRIGHTON, MN 55112 US

**FEI Number:** 20-8121919

**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 ASSISTANT TREASURER  
Name HATFIELD, SCOTT  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title ASSISTANT TREASURER  
Name POLOVITZ, MARK  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name LYDON, THOMAS A.  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title DIRECTOR  
Name BECKER, RUSSELL A.  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title SECRETARY  
Name LYDON, THOMAS A.  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title CHIEF EXECUTIVE OFFICER AND  
PRESIDENT  
Name LEIDHOLM, MIKE  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title VICE PRESIDENT OF OPERATIONS  
Name FRYER, KEITH  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title DIRECTOR  
Name LYDON, THOMAS A.  
Address 1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

*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:** SCOTT HATFIELD

**ASSISTANT TREASURER** 05/26/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date