

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003160

Entity Name: LIPPERT SERVICE CORP.**Current Principal Place of Business:**3501 COUNTY ROAD 6 EAST
ELKHART, IN 46514**Current Mailing Address:**3501 COUNTY ROAD 6 EAST
ELKHART, IN 46514 US**FEI Number:** 47-1410309**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	CFO, DIRECTOR
Name	HALL, BRIAN
Address	3501 COUNTY ROAD 6 EAST
City-State-Zip:	ELKHART IN 46514

Title	DIRECTOR, CEO
Name	LIPPERT, JASON D
Address	4100 EDISON LAKES PARKWAY
City-State-Zip:	MISHAWAKA IN 46545

Title	TAX DIRECTOR
Name	BAUTERS, TOM
Address	3501 COUNTY ROAD 6 EAST
City-State-Zip:	ELKHART IN 46514

Title	SECRETARY
Name	ELBENNI, JENNIFER
Address	4100 EDISON LAKES PARKWAY STE 210
City-State-Zip:	MISHAWAKA IN 46545

Title	TREASURER
Name	SCHEETS, PATRICK
Address	4100 EDISON LAKES PARKWAY SUITE 210
City-State-Zip:	MISHAWAKA IN 46545

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: JENNIFER L. ELBENNI**SECRETARY****04/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date