

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003091

Entity Name: SIGNATURE GRAPHICS, INC**Current Principal Place of Business:**1000 SIGNATURE DRIVE
PORTER, IN 46304**Current Mailing Address:**1000 SIGNATURE DRIVE
PORTER, IN 46304**FEI Number:** 36-4297699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, PRESIDENT, CEO
Name GUSE, TIMOTHY
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

Title VICE PRESIDENT
Name MASON, DAVID
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

Title CHAIRMAN
Name GODFREY, PAUL
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

Title VICE PRESIDENT
Name WITAKER, STEVEN
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

Title ASSISTANT SECRETARY
Name SCHATZMAN, JENNIFER L
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

Title ASSISTANT SECRETARY
Name JONES, KATHLEEN M
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

Title DIRECTOR
Name WALKER, JOHN
Address 1000 SIGNATURE DRIVE
City-State-Zip: PORTER IN 46304

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: KATHLEEN M. JONES**ASSISTANT SECRETARY** 04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date