

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005663

**Entity Name:** RANCH CRYOGENICS, INC.**Current Principal Place of Business:**11845 S BREWSTER RD  
DWIGHT, IL 60420**Current Mailing Address:**11845 S BREWSTER RD  
DWIGHT, IL 60420 US**FEI Number:** 23-2474081**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	PRESIDENT, VP, SECRETARY, DIRECTOR
Name	DUFFY, MICHAEL F JR
Address	11845 S BREWSTER RD
City-State-Zip:	DWIGHT IL 60420

Title	TREASURER
Name	DUFFY, CAROL A.
Address	11845 S BREWSTER RD
City-State-Zip:	DWIGHT IL 60420

Title	ASSISTANT SECRETARY
Name	DUFFY, CHRISTOPHER A.
Address	11845 S BREWSTER RD
City-State-Zip:	DWIGHT IL 60420

Title	ASSISTANT OFFICE MANAGER
Name	NELSON, TOM
Address	11845 S BREWSTER RD
City-State-Zip:	DWIGHT IL 60420

*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: TOM NELSON****ASSISTANT OFFICE  
MANAGER****04/16/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date