

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000559

**Entity Name:** URSCHEL LABORATORIES, INC.

**Current Principal Place of Business:**

1200 CUTTING EDGE DR  
CHESTERTON, IN 46304

**Current Mailing Address:**

1200 CUTTING EDGE DR  
CHESTERTON, IN 46304 US

**FEI Number: NOT APPLICABLE**

**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 VICE PRESIDENT - SALES  
Name O'BRIEN, TIMOTHY H.  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title CHAIRMAN OF THE BOARD  
Name URSCHEL, ROBERT R.  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title DIRECTOR  
Name THORGREN, ROB  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title BOARD MEMBER  
Name THORGREN, ROB  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title BOARD MEMBER  
Name URSCHEL, PATRICK C  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title BOARD MEMBER  
Name THORGREN, ROB  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title PRESIDENT / CEO  
Name URSCHEL, PATRICK C  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title CFO  
Name MARCHETTI, DANIEL  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

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*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: PATRICK C URSCHEL**

**PRESIDENT / CEO**

**04/22/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name URSHEL, PATRICK C  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title COO  
Name KURFMAN, ALLEN D.  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304

Title SECRETARY  
Name KEILMAN, JAMES  
Address 1200 CUTTING EDGE DR  
City-State-Zip: CHESTERTON IN 46304