

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000872

**Entity Name:** SERIGRAPH INC**Current Principal Place of Business:**3801 E DECORAH RD  
WEST BEND, WI 53095**Current Mailing Address:**3801 E DECORAH RD  
WEST BEND, WI 53095 US**FEI Number:** 39-1591367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 CD  
Name TORINUS, JOHN B JR  
Address 3801 E DECORAH RD  
City-State-Zip: WEST BEND WI 53095

Title CFOT  
Name NEUMANN, ANNA  
Address 3801 E DECORAH RD  
City-State-Zip: WEST BEND WI 53095

Title DCEO  
Name TORINUS, JOHN B III  
Address 3801 E DECORAH RD  
City-State-Zip: WEST BEND WI 53095

Title D  
Name O'KEEF, ROBERT F  
Address 1345 ASBURY AVE  
City-State-Zip: WINNETKA IL 60093

Title S  
Name NOYES, CHRISTOPHER B  
Address 833 E MICHIGAN ST STE 1800  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name FEIERTAG, JAMES  
Address 3801 E DECORAH RD  
City-State-Zip: WEST BEND WI 53095

Title DIRECTOR  
Name TORINUS, DANIEL P.  
Address 4138 CHEROKEE DRIVE  
City-State-Zip: MADISON WI 53711

Title DIRECTOR  
Name KANN, JOSEPH  
Address 5620 RIVER HILLS RD  
City-State-Zip: RACINE WI 53402

**Continues on page 2**

*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:** CHRISTOPHER B. NOYES**SECRETARY****04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SPECHT, CHRISTINE A.
Address	N83 W13400 LEON ROAD
City-State-Zip:	MENOMONEE FALLS WI 53051