

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000001346

**Entity Name:** SAUDER MANUFACTURING CO.

**Current Principal Place of Business:**

930 W BARRE RD  
ARCHBOLD, OH 43502

**Current Mailing Address:**

P. O. BOX 230  
ARCHBOLD, OH 43502 US

**FEI Number: 34-4407705**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
515 E. PARK AVENUE  
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 P  
Name BONTRAGER, PHILIP  
Address PO BOX 230  
City-State-Zip: ARCHIBOLD OH 43502

Title S  
Name OGDEN, WILLIAM  
Address PO BOX 230  
City-State-Zip: ARCHIBOLD OH 43502

Title T  
Name BONTRAGER, PHILIP  
Address PO BOX 230  
City-State-Zip: ARCHIBOLD OH 43502

Title VP  
Name OGDEN, WILLIAM  
Address PO BOX 230  
City-State-Zip: ARCHIBOLD OH 43502

Title DIRECTOR  
Name SAUDER, MYRL  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name DAVID, DEBBIE  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name FYNAN, TAMARA  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name HOFFMAN, JAMES  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

**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: WILLIAM OGDEN**

**VP FINANCE**

**01/28/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEFEVER, ALLON  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name SAUDER , KEVIN  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name YODER, ED  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name MEIER, JOHN  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502

Title DIRECTOR  
Name SPANGLER, DEAN  
Address 502 MIDDLE STREET  
City-State-Zip: ARCHBOLD OH 43502