

2022 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: Yes

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 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 GRABER, MARK
Address PO BOX 230
City-State-Zip: ARCHIBOLD 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

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

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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: WILLIAM OGDEN

SECRETARY

01/28/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

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