

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003530

**Entity Name:** BHA GROUP, INC.

**Current Principal Place of Business:**

11501 OUTLOOK STREET  
SUITE 100  
LEAWOOD, KS 66211

**Current Mailing Address:**

P.O. BOX 2216  
SCHENECTADY, NY 12301-2216 US

**FEI Number:** 22-2968559

**Certificate of Status Desired:** No

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

CT 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 ASST. SECRETARY  
Name MAXSTADT, RICHARD  
Address 12 CORPORATE WOODS BLVD  
City-State-Zip: ALBANY NY 12211

Title PD  
Name STRAZIK, SCOTT  
Address 1 RIVER ROAD  
City-State-Zip: SCHENECTADY NY 12345

Title SD  
Name KHAN, MUNIB  
Address 1 RIVER ROAD  
City-State-Zip: SCHENECTADY NY 12345

Title TD  
Name SINKEVICH, ANTHONY  
Address 1 RIVER ROAD  
City-State-Zip: SCHENECTADY NY 12345

*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:** RICHARD MAXSTADT

**ASSISTANT SECRETARY** 04/19/2016

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

\_\_\_\_\_  
Date