## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35316

Entity Name: THE KNAPHEIDE MFG. CO.

**Current Principal Place of Business:** 

1848 WESTPHALIA STRASSE

QUINCY, IL 62301

**Current Mailing Address:** 

P.O. BOX 7140

QUINCY, IL 62305 US

FEI Number: 37-0368620 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 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

FILED Mar 22, 2016

**Secretary of State** 

CC6743174785

Officer/Director Detail:

Title PRESIDENT, CHAIRMAN, DIRECTOR Title SECRETARY, TREASURER, VP

Name KNAPHEIDE, H W III Name OVERHOLSER, ROBERT

 Address
 P.O. BOX 7140
 Address
 P.O. BOX 7140

 City-State-Zip:
 QUINCY IL 62305
 City-State-Zip:
 QUINCY IL 62305

Title VP, DIRECTOR Title V

Name KNAPHEIDE, H W IV Name KATER, DAVID

Address P.O. BOX 7140 Address 1848 WESTPHALIA STRASSE

City-State-Zip: QUINCY IL 62305 City-State-Zip: QUINCY IL 62305

Title V Title VP

Name MARCIONETTI, HAROLD E Name RUBOTTOM, JAMES

Address 1848 WESTPHALIA STRASSE Address P.O. BOX 7140

City-State-Zip: QUINCY IL 62305 City-State-Zip: QUINCY IL 62305

Title VP Title VP

NameBOCKENFELD, JAMESNameHARRIS, JAMES HAddressP.O. BOX 7140AddressP.O. BOX 7140

City-State-Zip: QUINCY IL 62305 City-State-Zip: QUINCY IL 62305

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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: ROBERT OVERHOLSER

**SECRETARY** 

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP Title VP

 Name
 WEISS, CHRIS
 Name
 WIBERG, CAROLE

 Address
 P.O. BOX 7140
 Address
 P.O. BOX 7140

 City-State-Zip:
 QUINCY IL 62305
 City-State-Zip: QUINCY IL 62305

Title VP Title VP

 Name
 DIGHE, MANDAR
 Name
 GILROY, TARA

 Address
 P.O. BOX 7140
 Address
 P.O. BOX 7140

 City-State-Zip:
 QUINCY IL 62305
 City-State-Zip:
 QUINCY IL 62305

Title VP Title VP

NameMILLER, GREGORYNameWALL, NATHANAddressP.O. BOX 7140AddressP.O. BOX 7140City-State-Zip:QUINCY IL 62305City-State-Zip:QUINCY IL 62305