

**2017 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

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN, DIRECTOR  
Name            KNAPHEIDE, H W III  
Address        P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title            SECRETARY, TREASURER, VP  
Name            OVERHOLSER, ROBERT  
Address        P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title            VP, DIRECTOR  
Name            KNAPHEIDE, H W IV  
Address        P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title            V  
Name            KATER, DAVID  
Address        1848 WESTPHALIA STRASSE  
City-State-Zip: QUINCY IL 62305

Title            V  
Name            MARCIONETTI, HAROLD E  
Address        1848 WESTPHALIA STRASSE  
City-State-Zip: QUINCY IL 62305

Title            VP  
Name            RUBOTTOM, JAMES  
Address        P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title            VP  
Name            BOCKENFELD, JAMES  
Address        P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title            VP  
Name            HARRIS, JAMES H  
Address        P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

**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: ROBERT OVERHOLSER**

**SECRETARY**

**03/23/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name WEISS, CHRIS  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title VP  
Name DIGHE, MANDAR  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title VP  
Name MILLER, GREGORY  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title VP  
Name JAMES, ERIC  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title VP  
Name WIBERG, CAROLE  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title VP  
Name GILROY, TARA  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305

Title VP  
Name WALL, NATHAN  
Address P.O. BOX 7140  
City-State-Zip: QUINCY IL 62305