

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003248

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** BAY INSULATION OF LOUISIANA INC.

**Current Principal Place of Business:**

2929 WALKER DRIVE  
GREEN BAY, WI 54311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9229  
GREEN BAY, WI 543089229

**New Mailing Address:**

**FEI Number:** 39-1973199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SCHMIDT, ARNOLD W  
Address: 2929 WALKER DRIVE  
City-St-Zip: GREEN BAY, WI 54311

Title: VSD  
Name: SCHMIDT, GLORIA J  
Address: 2929 WALKER DRIVE  
City-St-Zip: GREEN BAY, WI 54311

Title: PT  
Name: SCHMIDT, DANIEL A  
Address: 2929 WALKER DRIVE  
City-St-Zip: GREEN BAY, WI 54311

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: ARNOLD W. SCHMIDT

CEO

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date