

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001316

Entity Name: RADIATE GROUP, INC.

FILED  
Apr 20, 2012  
Secretary of State

**Current Principal Place of Business:**

5000 S TOWNE DR  
NEW BERLIN, WI 53151

**New Principal Place of Business:**

**Current Mailing Address:**

5000 S TOWNE DR  
NEW BERLIN, WI 53151

**New Mailing Address:**

FEI Number: 22-3754606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CFO  
Name: VANDER HEIDEN, RICHARD L  
Address: 5000 SOUTH TOWNE DRIVE  
City-St-Zip: NEW BERLIN, WI 53151

Title: S  
Name: ZANGARA, DEBORAH  
Address: 437 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: A S  
Name: RYAN, DANIEL  
Address: 5000 S. TOWNE DR  
City-St-Zip: NEW BERLIN, WI 53151

Title: DIR  
Name: HARRISON, THOMAS L  
Address: 437 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: AS  
Name: SCHATZMAN, JENNIFER L  
Address: 437 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: AS  
Name: JANUZZI, LOUIS  
Address: 437 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

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: NICK BACKES

TAX

04/20/2012

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

\_\_\_\_\_  
Date