

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002859

FILED  
Jan 20, 2012  
Secretary of State

Entity Name: WESTRAN CORPORATION

**Current Principal Place of Business:**

2227 WELBILT BOULEVARD  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2227 WELBILT BOULEVARD  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 38-1160960

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 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: PD  
Name: KACHMER, MICHAEL J  
Address: 2227 WELBILT BOULEVARD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: AT  
Name: JACQUIE, SOMMERS  
Address: 2400 SOUTH 44TH STREET  
City-St-Zip: MANITOWOC, WI 54220

Title: VSD  
Name: JONES, MAURICE D  
Address: 2400 SOUTH 44TH STREET  
City-St-Zip: MANITOWOC, WI 54220

Title: VD  
Name: LAURINO, CARL J  
Address: 2400 SOUTH 44TH STREET  
City-St-Zip: MANITOWOC, WI 54220

Title: AS  
Name: HORN, JOEL H  
Address: 2227 WELBILT BOULEVARD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VT  
Name: DEAN, NOLDEN  
Address: 2400 SOUTH 44TH STREET  
City-St-Zip: MANITOWOC, WI 54420

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: MAURICE D. JONES

VSD

01/20/2012

Electronic Signature of Signing Officer or Director

Date