

**FD8000003186**

Florida Department of State  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000175796 3)))



H080001757963ABCA

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 18 PM 2:26

RECEIVED  
08 JUL 18 PM 12:34  
DIVISION OF CORPORATION

**FOREIGN PROFIT/NONPROFIT CORPORATION****Highsmith Acquisitions Co.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

MD 7/21

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

08 JUL 18 PM 2:26

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**1. Highsmith Acquisition Co.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Wisconsin**

(State or country under the law of which it is incorporated)

**3.**

26-2935035

(FEI number, if applicable)

**4. 07/03/2008**

(Date of incorporation)

**5.**

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 401 S. Wright Road, Janesville, WI 53547-1368**

(Principal office address)

same

(Current mailing address)

**8. To engage in any lawful activity for which corporations may be organized to do business.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

**Sarah B. Ayala**

**Assistant Secretary**

By: Sarah B. Ayala

(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

**12. Names and business addresses of officers and/or directors:**

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: L.J. Loizzo

Address: 401 S. Wright Road

Janesville, WI 53547-1368

Vice President: R.J. Scheuneman

Address: 401 S. Wright Road

Janesville, WI 53547-1368

Secretary: C.L. Kogl

Address: 401 S. Wright Road, Janesville, WI 53547-1368

Treasurer: P.M. West

Address: 401 S. Wright Road, Janesville, WI 53547-1368

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. C.L. Kogl, Secretary

(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 18 PM 2:26

**Attachment to Florida  
Officers & Directors**

1	Full Name:	J.L. Howard
	Officer/Director:	Officer
	Officer's Title:	Vice President, General Counsel
	Director's Title:	
	Business Address:	401 S. Wright Road
	City:	Janesville
	State:	WI
	ZIP Code:	53547-1368
2	Full Name:	C.J. Bellmore
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	401 S. Wright Road
	City:	Janesville
	State:	WI
	ZIP Code:	53547-1368
3	Full Name:	J.L. Howard
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	100 Grainger Parkway
	City:	Lake Forest
	State:	IL
	ZIP Code:	60045
4	Full Name:	J.T. Ryan
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	100 Grainger Parkway
	City:	Lake Forest
	State:	IL
	ZIP Code:	60045
5	Full Name:	R.L. Jadin

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 18 PM 2:26

**Officer/Director:**

**Officer's Title:**

**Director's Title:**

**Business Address:**

**City:**

**State:**

**ZIP Code:**

**Director**

**Director**

**100 Grainger Parkway**

**Lake Forest**

**IL**

**60045**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 18 PM 2:26**

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**HIGHSMITH ACQUISITION CO.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 3, 2008.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis Stats., and that said corporation or limited liability company has not filed articles of dissolution.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 18 PM 2:26



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 15, 2008.

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 56132-8170B3C7