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DEC 14 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations
KALMBACH PUBLISHING CO.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
APRIL JUNGEN

Name of Person
KALMBACH PUBLISHING CO.

Firm/Company
21027 CROSSROADS CIRCLE; PO BOX 1612

Address
WAUKESHA, WI 53187-1612

City/State and Zip code
AJUNGEN@KALMBACH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL JUNGEN 262 796-8776

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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.*

KALMBACH PUBLISHING CO.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
WISCONSIN 39-0480740

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7/31/1936

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
21027 CROSSROADS CIRCLE; WAUKESHA WI 53187-1612

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: CT CORPORATION

Office Address: 1200 SOUTH PINE ISLAND RD; SUITE 250

PLANTATION, Florida 15219
(City) (Zip code)

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9. 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.

 Terence Hardley Asst. Secretary
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CHARLES R. CROFT

President: _____

21027 CROSSROADS CIRCLE; WAUKESHA WI 53187-1612

Address: _____

JAMES J. SCHWEDER

Vice President: _____

21027 CROSSROADS CIRCLE; WAUKESHA WI 53187-1612

Address: _____

DANIEL R. LANCE

Secretary: _____

21027 CROSSROADS CIRCLE; WAUKESHA WI 53187-1612

Address: _____

JAMES R. McCANN

Treasurer: _____

21027 CROSSROADS CIRCLE; WAUKESHA WI 53187-1612

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAMES R. McCANN; VICE PRESIDENT-FINANCE & ADMINISTRATION, TREASURER

13. _____

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

DOM
180 181 185
183
2011

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

KALMBACH PUBLISHING 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 31, 1936.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on December 8, 2015.

A handwritten signature in cursive script that reads 'George Petak'.

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY: A handwritten signature in cursive script that reads 'P Weber'.

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.