

F17000004833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

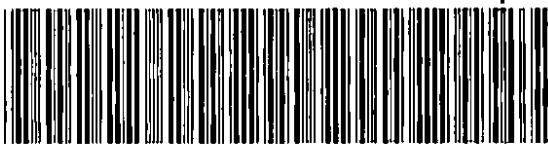
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

officers
W17-84762

Office Use Only



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17 OCT 23 PM 3:36

17 OCT 23 AM 8:40

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OCT 24 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2017

CT CORP

SUBJECT: ASTRONAUTICS CORPORATION OF AMERICA
Ref. Number: W17000084762

*Corrected &
Please allow for
original file
date.*

We have received your document for ASTRONAUTICS CORPORATION OF AMERICA and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00021373

78 OCT 26 PM 3 31

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10/23/17

ACCT. I20160000072

en: c SW

Name:	Astronautics Corporation of America
Document #:	
Order #:	10663880

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTRONAUTICS CORPORATION OF AMERICA
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:

ANN ROSKOS

Name of Person

Astronautics Corporation of America

Firm/Company

4115 N. TEUTONIA AVENUE

Address

MILWAUKEE, WI 53209

City/State and Zip code

a.roskos@astronautics.com

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

For further information concerning this matter, please call:

Sergio Navarrete

at (312) 288-3501

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

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.

1. ASTRONAUTICS CORPORATION OF AMERICA

(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. _____

(FEI number, if applicable)

4. 05/21/1959

(Date of incorporation)

5. PERPETUAL

(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)

7. 4115 N TEUTONIA AVENUE, MILWAUKEE, WI 53209-6731

(Principal office address)

(Current mailing address, if different)

8. 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, Florida 33324

(City)

(Zip code)

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.

C T Corporation System

James M. Halpin

By: _____

Assistant Secretary

10/23/2017

(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.

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17 OCT 23 AM 8:40
DIVISION OF CORPORATIONS

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

A. DIRECTORS SEE EXHIBIT "A"

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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2015

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

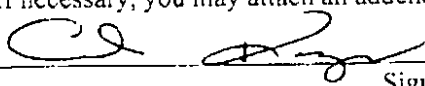
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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.

13. Cal Kasper _____

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

EXHIBIT A**ASTRONAUTICS CORPORATION OF AMERICA****OFFICERS & DIRECTORS**

TITLE	NAME	ADDRESS
CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER & DIRECTOR	DR. RONALD E. ZELAZO	PO BOX 523 MILWAUKEE, WI 53201
SENIOR VICE PRESIDENT & CHIEF FINANCIAL OFFICER & DIRECTOR	STEPHEN GIVANT	PO BOX 523 MILWAUKEE, WI 53201
SECRETARY & VICE PRESIDENT ADMINISTRATION & DIRECTOR	HOLLY RUSSEK	PO BOX 523 MILWAUKEE, WI 53201
PRESIDENT & DIRECTOR	CHAD CUNDIFF	PO BOX 523 MILWAUKEE, WI 53201
VICE PRESIDENT ENGINEERING	RICHARD ROSS	PO BOX 523 MILWAUKEE, WI 53201
VICE PRESIDENT OPERATIONS	R. JOSEPH POTTS	PO BOX 523 MILWAUKEE, WI 53201
TREASURER & VICE PRESIDENT FINANCE	CAL KASPER	PO BOX 523 MILWAUKEE, WI 53201
ASSISTANT SECRETARY & DIRECTOR	D. EYTON ZELAZO	PO BOX 523 MILWAUKEE, WI 53201
ASSISTANT SECRETARY	JONATHAN RUSSEK	PO BOX 523 MILWAUKEE, WI 53201
VICE PRESIDENT PROGRAM MANAGEMENT	RICHARD ANDERSON	PO BOX 523 MILWAUKEE, WI 53201
DIRECTOR	GEN. RICHARD E. HAWLEY	PO BOX 523 MILWAUKEE, WI 53201
DIRECTOR	RICHARD SCHWARTZ	PO BOX 523 MILWAUKEE, WI 53201
DIRECTOR	MICHAEL TELSON	PO BOX 523 MILWAUKEE, WI 53201

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17 OCT 23 AM 8:40

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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



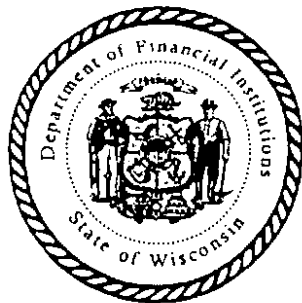
To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ASTRONAUTICS CORPORATION OF AMERICA

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 May 21, 1959.

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 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 October 06, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: 207897-897458DC