

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001164

Entity Name: EDWARD KRAEMER & SONS, INC.

FILED  
Apr 22, 2011  
Secretary of State

**Current Principal Place of Business:**

ONE PLAINVIEW ROAD  
PLAIN, WI 53577

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PLAINVIEW ROAD  
PLAIN, WI 53577

**New Mailing Address:**

FEI Number: 39-0884623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PETERSON, SCOTT W  
Address: ONE PLAINVIEW ROAD  
City-St-Zip: PLAIN, WI 53577

Title: V  
Name: LUECK, FRED  
Address: 900 WEST CASTLETON ROAD, SUITE 220  
City-St-Zip: CASTLE ROCK, CO 80109

Title: T  
Name: JOHANSEN, TINA  
Address: ONE PLAINVIEW ROAD  
City-St-Zip: PLAIN, WI 53577

Title: S  
Name: MANN, BRENN A  
Address: 1020 WEST CLIFF ROAD  
City-St-Zip: BURNSVILLE, MN 55337

Title: VM  
Name: MANEY, DENNIS M  
Address: ONE PLAINVIEW ROAD  
City-St-Zip: PLAIN, WI 53577

Title: VM  
Name: MALONEY, TIMOTHY J  
Address: ONE PLAINVIEW ROAD  
City-St-Zip: PLAIN, WI 53577

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: TINA JOHANSEN

T

04/22/2011

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

\_\_\_\_\_  
Date