

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17758

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** BAY INSULATION OF FLORIDA, A DIVISION OF BAY INDUSTRIES, INCORPORATED

**Current Principal Place of Business:**

2929 WALKER DR  
GREEN BAY, WI 54311 US

**New Principal Place of Business:**

**Current Mailing Address:**

2929 WALKER DR  
PO BOX 9229  
GREEN BAY, WI 543089229 US

**New Mailing Address:**

**FEI Number:** 39-1573491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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: VD  
Name: SCHMIDT, ARNOLD W PRES  
Address: 2929 WALKER DR  
City-St-Zip: GREEN BAY, WI 54311

Title: VSD  
Name: SCHMIDT, GLORIA J VP  
Address: 2929 WALKER DR  
City-St-Zip: GREEN BAY, WI 54311

Title: PT  
Name: SCHMIDT, DANIEL A  
Address: 2929 WALKER DRIVE  
City-St-Zip: GREEN BAY, WI 54311

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: DANIEL A. SCHMIDT

PT

03/08/2011

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

\_\_\_\_\_  
Date