

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000076154

Entity Name: MAGNASERVICES INC.

Current Principal Place of Business:

6619 WEST CALUMET RD.
MILWAUKEE, WI 53223

Current Mailing Address:

6619 WEST CALUMET RD.
MILWAUKEE, WI 53223 US

FEI Number: 32-0448822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: KELLY KOENIG

01/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPCEO
Name LYTLE, RICHARD
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title CFO
Name TICHY, KAREN
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title COO
Name SPRINGER, RICHARD
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title DV
Name BERNSTEIN, MICHAEL
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title DS
Name DIGIOVANNI, JOHN
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title AS
Name OSPALIK, ROBERT
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title VP
Name JACKSON, RANDALL
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title D
Name CARLSON-WEBER, NORINE
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

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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: KAREN TICHY

CFO

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name KLOTSCHE, ALLAN
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title D
Name SCHROEDER, DAVID
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title D
Name ROBERTSON, FRED
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223

Title D
Name NEFF, RICHARD
Address 6619 WEST CALUMET RD.
City-State-Zip: MILWAUKEE WI 53223