

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001534

Entity Name: ORBIS RPM, LLC**Current Principal Place of Business:**609 BURTON BLVD
DEFOREST , WI 53532**Current Mailing Address:**1645 BERGSTROM ROAD
NEENAH, WI 54956**FEI Number:** 20-1980319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	ORBIS CORPORATION
Address	1055 CORPORATE CENTER DRIVE
City-State-Zip:	OCONOMOWOC WI 53066

Title	ASST. TREASURER
Name	PAPROCKI, PAUL
Address	1645 BERGSTROM ROAD
City-State-Zip:	NEENAH WI 54956

Title	VP
Name	GORZEK, MARK
Address	609 BURTON BLVD
City-State-Zip:	DEFOREST WI 53532

Title	SECRETARY
Name	FOGARTY, MARK
Address	1645 BERGSTROM ROAD
City-State-Zip:	NEENAH WI 54956

Title	TREASURER
Name	HAMMEN, LEA ANN
Address	1645 BERGSTROM ROAD
City-State-Zip:	NEENAH WI 54956

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL PAPROCKI

ASST. TREASURER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date