

2018 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 VP
Name GORZEK, MARK
Address 1055 CORPORATE CENTER DR
City-State-Zip: OCONOMOWOC WI 53066

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

Title ASSISTANT TREASURER
Name PLUGER, BRIAN
Address 1055 CORPATE 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 SECRETARY
Name FOGARTY, MARK
Address 1645 BERGSTROM ROAD
City-State-Zip: NEENAH WI 54956

Title PRESIDENT
Name HENKEL, TIMOTHY
Address 1055 CORPORATE CENTER DRIVE
City-State-Zip: OCONOMOWOC WI 53066

Title ASSISTANT SECRETARY
Name BARRETT, WILLIAM J
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 G. PAPROCKI

ASSISTANT TREASURER 04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date