

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004439

**Entity Name:** PETER WOLTERS OF AMERICA, INC.

**Current Principal Place of Business:**

509 NORTH 3RD AVENUE  
DES PLAINES, IL 60016

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC3992666038**

**Current Mailing Address:**

4650 CUSHING PARKWAY  
ATTN: TAX DEPT.  
FREMONT, CA 94538 US

**FEI Number:** 36-2421613

**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAEBURN, CAROL  
Address        4650 CUSHING PARKWAY  
                  ATTN: TAX DEPT.  
City-State-Zip: FREMONT CA 94538

Title            SECRETARY  
Name            SCHISLER, GEORGE M  
Address        4650 CUSHING PARKWAY  
                  ATTN: TAX DEPT.  
City-State-Zip: FREMONT CA 94538

Title            DIRECTOR  
Name            RAEBURN, CAROL  
Address        4650 CUSHING PARKWAY  
                  ATTN: TAX DEPT.  
City-State-Zip: FREMONT CA 94538

Title            DIRECTOR  
Name            SCHISLER, GEORGE M  
Address        4650 CUSHING PARKWAY  
                  ATTN: TAX DEPT.  
City-State-Zip: FREMONT CA 94538

Title            DIRECTOR  
Name            GO, ODETTE M  
Address        4650 CUSHING PARKWAY  
                  ATTN: TAX DEPT.  
City-State-Zip: FREMONT CA 94538

*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:** CAROL RAEBURN

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date