

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006244

Entity Name: KRUEGER INTERNATIONAL, INC.**Current Principal Place of Business:**1330 BELLEVUE STREET
GREEN BAY, WI 54302**Current Mailing Address:**P.O BOX 8100
ATTN TAX DEPARTMENT
GREENBAY, WI 54308-8100**FEI Number:** 39-1375589**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	DIRECTOR
Name	RESCH, RICHARD J
Address	1330 BELLEVUE STREET
City-State-Zip:	GREEN BAY WI 54302

Title	TREASURER
Name	GUERRIERI, NICHOLAS J
Address	1330 BELLEVUE STREET
City-State-Zip:	GREEN BAY WI 54302

Title	DIRECTOR
Name	WIER, JIM
Address	11553 SHORECLIFF LANE
City-State-Zip:	MEQUON WI 53092

Title	DIRECTOR
Name	MAHLIK, DAN
Address	440 WEST VLIET ST
City-State-Zip:	MILWAUKEE WI 53212

Title	SECRETARY
Name	CHARLES, ROBERT M
Address	231 SOUTH ADAMS ST
City-State-Zip:	GREEN BAY WI 54301

Title	PRESIDENT, DIRECTOR
Name	KRENKE, BRIAN R
Address	1330 BELLEVUE ST
City-State-Zip:	GREEN BAY WI 54302

Title	DIRECTOR
Name	COX, RITA
Address	975 BROADWAY ST
City-State-Zip:	WRIGHTSTWON WI 54180

Title	ASST. SECRETARY
Name	PUM, MICHAEL
Address	1330 BELLEVUE STREET
City-State-Zip:	GREEN BAY WI 54302

Continues on page 2

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: MICHAEL J PUM**ASST SECRETARY****03/18/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PATZKE, GUY
Address 1330 BELLEVUE STREET
City-State-Zip: GREEN BAY WI 54302

Title DIRECTOR
Name WOLESKE, CHRISTINE
Address 744 S. WEBSTER AVE
City-State-Zip: GREEN BAY WI 54301

Title DIRECTOR
Name SMYTH, JEROME
Address 2342 OLD PLANK ROAD
City-State-Zip: DEPERE WI 54115