

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002059

FILED
May 11, 2023
Secretary of State
5908072264CC

Entity Name: SPECTRUM INDUSTRIES, INCORPORATED

Current Principal Place of Business:

1500 RIVER STREET
PO BOX 400
CHIPPEWA FALLS, WI 54729

Current Mailing Address:

PO BOX 400
CHIPPEWA FALLS, WI 54729

FEI Number: 39-1094074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEE, DAVID
5453 SE MILES GRANT CT., C102
STUART, FL 34997 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: DAVID SEE

05/11/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WHITE, DEAN
Address 1500 RIVER STREET
PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title PRESIDENT
Name SEE, DAVID
Address 1500 RIVER STREET
PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR
Name DORN, SCOTT
Address PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR
Name GLASSHOF, KEITH
Address PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR
Name STEVENS, RICHARD
Address PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR, TREASURER
Name QUINN, DAVID
Address 1500 RIVER STREET
PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR
Name JOAS, PATRICK
Address 1500 RIVER STREET
PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title SECRETARY
Name KLOMSTAD, LAURIE
Address 1500 RIVER STREET
PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

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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: DAVID SEE

PRESIDENT

05/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ELMORE, JONI
Address 1500 RIVER STREET
 PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR
Name MOWER, TIM
Address 1500 RIVER STREET
 PO BOX 400
City-State-Zip: CHIPPEWA FALLS WI 54729