

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002059

**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:**

STEVENS, RICHARD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WHITE, DEAN  
Address 18051 CITY HWY. OO  
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR  
Name MOWER, EUGENE  
Address 7692 178TH ST.  
City-State-Zip: CHIPPEWA FALLS WI 54729

Title PRESIDENT  
Name SEE, DAVID  
Address 4215 112TH ST.  
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  
Name QUINN, DAVID  
Address 925 FIRST AVENUE  
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

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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

04/29/2022

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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