

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001877

FILED
Jan 12, 2017
Secretary of State
CC6674849565

Entity Name: ARIENS COMPANY

Current Principal Place of Business:

655 W. RYAN ST.
BRILLION, WI 54110

Current Mailing Address:

655 W. RYAN ST.
BRILLION, WI 54110

FEI Number: 39-0135100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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 CEO, PRESIDENT, DIRECTOR
Name ARIENS, DANIEL T
Address 655 W. RYAN ST.
City-State-Zip: BRILLION WI 54110

Title CFO, TREASURER
Name OLSEN, MARK R
Address 655 W. RYAN ST.
City-State-Zip: BRILLION WI 54110

Title SECRETARY, DIRECTOR
Name RIESTER, JEFFREY D
Address 100 W. LAWRENCE STREET
City-State-Zip: APPLETON WI 54911

Title COO
Name BOLHOUS, ROD
Address 655 W. RYAN ST.
City-State-Zip: BRILLION WI 54110

Title OFFICER
Name KING, GINGER
Address 726 HEARTLAND TRAIL
SUITE 120
City-State-Zip: MADISON WI 53717

Title ASST. TREASURER, ASST.
SECRETARY
Name JOHNSTON, PATRICK
Address 655 W. RYAN ST.
City-State-Zip: BRILLION WI 54110

Title OFFICER
Name DOGAN, KELLY
Address 655 W. RYAN ST.
City-State-Zip: BRILLION WI 54110

Title DIRECTOR
Name ATWELL, ROBERT B
Address 110 S. WASHINGTON
City-State-Zip: GREEN BAY WI 54301

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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: MARK R. OLSEN

CFO/TREASURER

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUNLAP, STEVEN
Address 4717 HAMMERSLEY RD.
City-State-Zip: MADISON WI 53711

Title DIRECTOR
Name WELLER, MICHAEL
Address 1635 W. SPENCER
City-State-Zip: APPLETON WI 54912-1079

Title DIRECTOR
Name BEAULIEU, BRIAN
Address 166 KING ST.
City-State-Zip: BOSCAWEN NH 03303