

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000361

Entity Name: SYMBIONT CONSTRUCTION, INC.**Current Principal Place of Business:**5201 N. 124TH STREET
BUTLER, WI 53007**Current Mailing Address:**5201 N. 124TH STREET
BUTLER, WI 53007 US**FEI Number:** 39-0866058**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 TREASURER, VP
Name SCHLIDT, DAVID R
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title DIRECTOR
Name TILL, BRIAN
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title DIRECTOR, PRESIDENT
Name NELSON, TIMOTHY P
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title DIRECTOR
Name CARNAHAN, PATRICK W
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title DIRECTOR
Name BACHMAN, THOMAS C
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title DIRECTOR, VP
Name MANNING, EDWARD T
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title CORPORATE COUNSEL
Name SIMON, SONYA K
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

Title SECRETARY, VP
Name CARNAHAN, PATRICK W
Address 5201 N. 124TH STREET
City-State-Zip: BUTLER WI 53007

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: SONYA K SIMON**CORPORATE COUNSEL****03/21/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP
Name	NELSON, JOHN D
Address	5201 N. 124TH STREET
City-State-Zip:	BUTLER WI 53007