

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003858

**Entity Name:** WENCK ASSOCIATES, INC.

**Current Principal Place of Business:**

1800 PIONEER CREEK CENTER  
MAPLE PLAIN, MN 55359

**Current Mailing Address:**

PO BOX 249  
MAPLE PLAIN, MN 55359

**FEI Number: 41-1520095**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES, INC.  
841 PRUDENTIAL DR.  
12TH FLOOR  
JACKSONVILLE, FL 32207 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 C  
Name SEBESTA, JAMES  
Address 1800 PIONEER CREEK CENTER  
City-State-Zip: MAPLE PLAIN MN 55359

Title PCEO  
Name GRABOWSKI, JOSEPH J  
Address 1800 PIONEER CREEK CENTER  
City-State-Zip: MAPLE PLAIN MN 55359

Title D  
Name GRABOWSKI, JOSEPH J  
Address 1800 PIONEER CREEK CENTER  
City-State-Zip: MAPLE PLAIN MN 55359

Title VPD  
Name PANZER, MIKE  
Address 1800 PIONEER CREEK CENTER  
City-State-Zip: MAPLE PLAIN MN 55359

Title CFO  
Name DONLIN, TIMOTHY O  
Address 1800 PIONEER CREEK CENTER  
City-State-Zip: MAPLE PLAIN MN 55359

*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: TIMOTHY O. DONLIN**

**CFO**

**02/14/2014**

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

\_\_\_\_\_  
Date