

2021 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:

1800 PIONEER CREEK CENTER
MAPLE PLAIN, MN 55359 US

FEI Number: 41-1520095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CFO
Name VANDER TOP, VINCENT T.
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

Title DIRECTOR, SECRETARY
Name PANIAN, MARK
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

Title CHAIRMAN
Name SEBESTA, JAMES
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

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

Title DIRECTOR
Name HAIDER, DENNIS
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

Title DIRECTOR, CEO
Name AMBROSIE, ROD
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

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

Title VP
Name MILLER, PETER G
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

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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 PANIAN

SECRETARY

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILGERS, JOHN
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359

Title DIRECTOR
Name CLEMENTS, KATHY
Address 1800 PIONEER CREEK CENTER
City-State-Zip: MAPLE PLAIN MN 55359