

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002373

**Entity Name:** VGM GROUP PARENT CO.

**Current Principal Place of Business:**

1111 VAN MILLER WAY  
WATERLOO, IA 50701

**Current Mailing Address:**

PO BOX 1328  
WATERLOO, IA 50704 US

**FEI Number:** 42-1280573

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYES 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           TREASURER  
Name           ANDERSON, BARBARA  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           SECRETARY  
Name           WENDLAND, CHRIS  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           DIRECTOR  
Name           ELLIS, D JAY  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           CEO  
Name           STOLZ, JEREMY  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           DIRECTOR  
Name           PHILLIPS, JIM  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           DIRECTOR  
Name           ADAMS, JOHN  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           DIRECTOR  
Name           DEERY JR., JOHN  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

Title           DIRECTOR  
Name           ANFINSON, LARRY  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701

**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:** CHRIS WENDLAND

**SECRETARY**

**01/28/2024**

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MALLARO, MICHAEL A.  
Address        1111 VAN MILLER WAY  
City-State-Zip: WATERLOO IA 50701