

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004393

Entity Name: KEARFOTT CORPORATION**Current Principal Place of Business:**1150 MCBRIDE AVE.
LITTLE FALLS, NJ 07424**Current Mailing Address:**P.O. BOX 523
MILWAUKEE, WI 53201 US**FEI Number:** 06-1230720**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 CEO, DIRECTOR
Name ZELAZO, RONALD E DR
Address 1150 MCBRIDE AVE.
City-State-Zip: LITTLE FALLS NJ 07424

Title SECRETARY, ASST. TREASURER
Name RUSSEK, HOLLY
Address 1150 MCBRIDE AVE.
City-State-Zip: LITTLE FALLS NJ 07424

Title VP, DIRECTOR, ASST. SECRETARY,
TREASURER
Name GIVANT, STEPHEN
Address 1150 MCBRIDE AVE.
City-State-Zip: LITTLE FALLS NJ 07424

Title ASST. SECRETARY
Name ZELAZO, D. EYTON
Address 1150 MCBRIDE AVE.
City-State-Zip: LITTLE FALLS NJ 07424

Title ASST. SECRETARY
Name RUSSEK, JONATHAN
Address 1150 MCBRIDE AVE.
City-State-Zip: LITTLE FALLS NJ 07424

Title ASST. TREASURER
Name KASPER, CAL
Address 1150 MCBRIDE AVE.
City-State-Zip: LITTLE FALLS NJ 07424

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: CAL KASPER

ASST. TREASURER

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date