

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002206

Entity Name: VENTURE SOLUTIONS, INC.**Current Principal Place of Business:**1725 ROE CREST DR
N MANKATO, MN 56003**Current Mailing Address:**1725 ROE CREST DR
N MANKATO, MN 56003 US**FEI Number: 81-1701544****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 D
Name TAYLOR, GLEN A
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title EVP, CLO, SECRETARY
Name JACKSON, GREGORY W
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title CFO
Name LUCENTE, PAOLA
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title CHIEF INFORMATION AND SECURITY
OFFICER
Name HIPPI, CHARLES D
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title T
Name MAKELA, ROBERT R
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title PRESIDENT
Name BRADDOCK, TOMMIE S
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title CHRO
Name ERICKSON, CAROLYN M
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title EVP
Name WHITAKER, CHARLES E
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

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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: GREGORY W JACKSON**SECRETARY****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF SUPPLY CHAIN OFFICER
Name PARKER, JAY D
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title VP, ASST. SECRETARY
Name MAYER, BRIAN A
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title CSO
Name MERICKEL, THOMAS D
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003

Title VP, ASST. TREASURER
Name AUSTIN, CHRISTOPHER L
Address 1725 ROE CREST DR
City-State-Zip: N MANKATO MN 56003