

**2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F20000005711

**Entity Name:** VERMEER MV SOLUTIONS, INC.**Current Principal Place of Business:**7835 AUGUSTA ROAD  
PIEDMONT, SC 29673**Current Mailing Address:**7835 AUGUSTA ROAD  
PIEDMONT, SC 29673 US**FEI Number:** 20-1887897**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 DIRECTOR  
Name VAN WYK, DAVID  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title DIRECTOR  
Name AGRE, RYAN  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title PRESIDENT  
Name ANDRINGA, JASON  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title DIRECTOR  
Name ANDRINGA, JASON  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title DIRECTOR  
Name HUNDT, DOUG  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title VP  
Name HUNDT, DOUG  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title VP  
Name AGRE, RYAN  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title DIRECTOR  
Name SCHULTE, BRIANNE  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

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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: BRIANNE SCHULTE****SECRETARY****08/05/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SCHULTE, BRIANNE  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673

Title TREASURER  
Name SCHULTE, BRIANNE  
Address 7835 AUGUSTA ROAD  
City-State-Zip: PIEDMONT SC 29673