

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000005807

Entity Name: MICHELS TRENCHLESS, INC.**Current Principal Place of Business:**817 MAIN STREET
BROWNSVILLE, WI 53006**Current Mailing Address:**817 MAIN STREET
BROWNSVILLE, WI 53006 US**FEI Number:** NOT APPLICABLE**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 WESTERMAN, JOHN
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title PRESIDENT
Name SMITH, MATT
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title VICE PRESIDENT - HDD OPERATIONS
Name MYHRE, KURT
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title CFO
Name PLATT, ERIC
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title DIRECTOR
Name MICHELS, ELIZABETH
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title SENIOR VICE PRESIDENT
Name MUELLER, JEFFREY S.
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title ASSISTANT SECRETARY
Name MALLORY, PAUL
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title SECRETARY
Name PLATT, ERIC
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

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: MATT SMITH**PRESIDENT****03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name SIMON, ANDREW
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006

Title DIRECTOR
Name FINN, COLIN
Address 817 MAIN STREET
City-State-Zip: BROWNSVILLE WI 53006