

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005348

Entity Name: PRODUCT FABRICATION SERVICE CORPORATION**Current Principal Place of Business:**1507 MATT PASS
COTTAGE GROVE, WI 53527-8962**Current Mailing Address:**1507 MATT PASS
COTTAGE GROVE, WI 53527-8962 US**FEI Number: 39-1301594****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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 DIRECTOR
Name BAKER, BRIAN
Address 1434 N BREEZELAND RD
City-State-Zip: OCONOMOWOC WI 53066Title DIRECTOR
Name HUSOM, JAMES J
Address 7737 WESTMAN WAY
City-State-Zip: MIDDLETON WI 53562Title TREASURER
Name MCDANIEL, DEBRA S
Address 406 LEWELLEN ST.
City-State-Zip: MARSHALL WI 53559Title DIRECTOR, CEO
Name DRAKE, SCOTT
Address 786 THOMAS DRIVE
City-State-Zip: SUN PRAIRIE WI 53590Title DIRECTOR
Name BOYER, DAVID
Address 5311 TONYAWATHA TRL
City-State-Zip: MONONA WI 53716Title VP
Name WINISTORFER, STEVE G
Address 919 MAGDELINE DR.
City-State-Zip: MADISON WI 53704Title DIRECTOR
Name TATLOCK, TODD
Address 239 KLEINE ST.
DEERFIELD
City-State-Zip: WI WI 53531

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: DEBRA S MCDANIEL**CONTROLLER****02/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date