

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000002235

**Entity Name:** SICK, INC.

**Current Principal Place of Business:**

6900 WEST 110TH STREET  
BLOOMINGTON, MN 55438

**Current Mailing Address:**

6900 WEST 110TH STREET  
BLOOMINGTON, MN 55438 US

**FEI Number:** 41-0970193

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
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:** CHRIS DAS

04/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SZCZEPANSKI, DAVE  
Address 6900 WEST 110TH STREET  
City-State-Zip: BLOOMINGTON MN 55438

Title DIRECTOR  
Name PEET, TONY  
Address 6900 WEST 110TH STREET  
City-State-Zip: BLOOMINGTON MN 55438

Title DIRECTOR  
Name WEISENAHL, CHRISTIAN  
Address 6900 WEST 110TH STREET  
City-State-Zip: BLOOMINGTON MN 55438

Title PRESIDENT  
Name SZCZEPANSKI, DAVE  
Address 6900 WEST 110TH STREET  
City-State-Zip: BLOOMINGTON MN 55438

Title SECRETARY  
Name WEISENAHL, CHRISTIAN  
Address 6900 WEST 110TH STREET  
City-State-Zip: BLOOMINGTON MN 55438

Title TREASURER  
Name WEISENAHL, CHRISTIAN  
Address 6900 WEST 110TH STREET  
City-State-Zip: BLOOMINGTON MN 55438

*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:** DAVE SZCZEPANSKI TITLE: PRESIDENT

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date