

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005193

**Entity Name:** MILBANK MANUFACTURING CO.**Current Principal Place of Business:**4801 DERAMUS AVE.  
KANSAS CITY, MO 64120**Current Mailing Address:**4801 DERAMUS AVE.  
KANSAS CITY, MO 64120 US**FEI Number:** 44-0542075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
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 WALDROP, ROBERT FII  
Address 12824 CATALINA  
City-State-Zip: LEAWOOD KS 66209

Title S  
Name TAYLOR, CINDY L  
Address 9005 NE 95TH STREET  
City-State-Zip: KANSAS CITY MO 64157

Title P  
Name WINKLER, LAVON R  
Address 1508 WELLINGTON WAY  
City-State-Zip: LIBERTY MO 64068

Title VP  
Name ENSOR, LEZLIE  
Address 4801 DERAMUS AVE.  
City-State-Zip: KANSAS CITY MO 64120

Title D  
Name HENKE, KATRINA A  
Address 9908 NW 75TH TERRACE  
City-State-Zip: WEATHERBY LAKE MO 64152

Title T  
Name FITTS, JAMES A  
Address 4220 NE 61ST PLACE  
City-State-Zip: KANSAS CITY MO 64119

Title V  
Name TANDY, TRACE  
Address 1202 GOLF VIEW  
City-State-Zip: GRAIN VALLEY MO 64029

Title VP  
Name SKINNER, BRAD  
Address 4801 DERAMUS AVE.  
City-State-Zip: KANSAS CITY MO 64120

**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:** CINDY L. TAYLOR**SECRETARY/CONTROLLE** 04/22/2013  
R\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	VP
Name	SIGLOCK, JOHN
Address	4801 DERAMUS AVE.
City-State-Zip:	KANSAS CITY MO 64120