

**2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P20042

**FILED**  
**Jun 27, 2019**  
**Secretary of State**  
**3715237724CC**

**Entity Name:** AYRES ASSOCIATES INC

**Current Principal Place of Business:**

8875 HIDDEN RIVER PARKWAY  
SUITE 200  
TAMPA, FL 33637-1035

**Current Mailing Address:**

3433 OAKWOOD HILLS PKWY  
EAU CLAIRE, WI 54701 US

**FEI Number:** 39-0965082

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
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: MANAGER  
Name: SUNNA, HISHAM  
Address: 8875 HIDDEN RIVER PARKWAY  
SUITE 200  
City-State-Zip: TAMPA FL 33637-1035

Title: EVP, CFO, TREASURER  
Name: SCHOENTHALER, RICHARD A  
Address: 3433 OAKWOOD HILLS PKWY  
City-State-Zip: EAU CLAIRE WI 54701

Title: EVP, SECRETARY  
Name: ZANDER, JAN F  
Address: 3433 OAKWOOD HILLS PKWY  
City-State-Zip: EAU CLAIRE WI 54701

Title: PRESIDENT  
Name: OMMEN, BRUCE  
Address: 3433 OAKWOOD HILLS PKWY  
City-State-Zip: EAU CLAIRE WI 54701

Title: ASST. SECRETARY  
Name: BALCIUNAS, RAIVO A  
Address: 3433 OAKWOOD HILLS PKWY  
City-State-Zip: EAU CLAIRE WI 54701

Title: VP, ASST. SECRETARY  
Name: INGRAM, JASON M  
Address: 3376 PACKERLAND DRIVE  
City-State-Zip: ASHWAUBENON WI 54115

Title: DIRECTOR  
Name: KELLER, NORMAN  
Address: 9990 161ST STREET, #2  
City-State-Zip: CHIPPEWA FALLS WI 54729

Title: DIRECTOR  
Name: MURCH, KARL  
Address: 3372 WESTOVER LANE  
City-State-Zip: EAU CLAIRE WI 54701

**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:** RICHARD A SCHOENTHALER

**EVP, CFO, TREASURER**

**06/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SATRE, TAMI  
Address        3811 FOREST HEIGHTS DRIVE  
City-State-Zip: EAU CLAIRE WI 54701

Title            ASST. SECRETARY  
Name            CHRIS, SILEWSKI  
Address        3433 OAKWOOD HILLS PKWY  
City-State-Zip: EAU CLAIRE WI 54701