

1.) CORPORATION NAME:

A & B PROCESS SYSTEMS CORP.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

DUE DATE: **3/31/2012**

SCC ID NO: **F0606584**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMA | 4,000 |
| COMB | 2,000 |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 S. WISCONSIN AVE.
P.O. BOX 86

CITY/ST/ZIP: STRATFORD, WI 54484-0086

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|--|
| NAME: | GLENN R. LINZMEIER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 201 S. WISCONSIN AVE | | |
| CITY/ST/ZIP/CO: | STRATFORD, WI 54484- | | |
| NAME: | WILLIAM A HILGEMANN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | EXEC VP/SEC | | |
| ADDRESS: | 201 S WISCONSIN AVE | | |
| CITY/ST/ZIP/CO: | STRATFORD, WI 54484- | | |
| NAME: | NANCY J FRODL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/AST S/ AST T | | |
| ADDRESS: | 201 S WISCONSIN AVE | | |
| CITY/ST/ZIP/CO: | STRATFORD, WI 54484- | | |
| NAME: | ANTHONY J HILGEMANN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN/TREAS | | |
| ADDRESS: | 201 S. WISCONSIN AVE | | |
| CITY/ST/ZIP/CO: | STRATFORD, WI 54484- | | |
| NAME: | PAUL M KINATE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CFO | | |
| ADDRESS: | 201 S WISCONSIN AVE | | |
| CITY/ST/ZIP/CO: | STRATFORD, WI 54484- | | |

NAME: TROY W WEIK OFFICER DIRECTOR
TITLE: COO
ADDRESS: 201 S WISCONSIN AVE
CITY/ST/ZIP/CO: STRATFORD, WI 54484-0086

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ NANCY J FRODL | NANCY J FRODL, VP/AST S/ AST T | 1/31/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.