

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213515917

1.) CORPORATION NAME:

A & B PROCESS SYSTEMS CORP.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0606584**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

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: | 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: | CEO | | |
| ADDRESS: | 201 S WISCONSIN AVE | | |
| CITY/ST/ZIP/CO: | STRATFORD, WI 54484 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| NAME: | TROY W WEIK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> 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 | 3/29/2013 |
| 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.