

1.) CORPORATION NAME:

**Krueger International, Inc.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1481367**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	50,100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1330 BELLEVUE ST

CITY/ST/ZIP: GREEN BAY, WI 54302

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:	RICHARD J RESCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHRMN		
ADDRESS:	1330 BELLEVUE ST		
CITY/ST/ZIP/CO:	PO BOX 8100 GREEN BAY, WI 54308-8100		
NAME:	KELLY J ANDERSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1330 BELLEVUE STREET		
CITY/ST/ZIP/CO:	PO BOX 8100 GREEN BAY, WI 54308-8100		
NAME:	ROBERT M CHARLES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	231 SOUTH ADAMS ST		
CITY/ST/ZIP/CO:	PO BOX 23200 GREEN BAY, WI 54305		
NAME:	GUY PATZKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	PO BOX 8100		
CITY/ST/ZIP/CO:	GREEN BAY, WI 54308-8100		
NAME:	MICHAEL J PUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1330 BELLEVUE STREET		
CITY/ST/ZIP/CO:	POB 8100 GREEN BAY, WI 54308-8100		
NAME:	Brian Krenke	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1330 Bellevue St		
CITY/ST/ZIP/CO:	Green Bay, WI 54302		

NAME: John Peterson TITLE: DIRECTOR ADDRESS: 100 E Wisconsin Ave Suite 2400 CITY/ST/ZIP/CO: Milwaukee, WI 53202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ronald Weyers TITLE: DIRECTOR ADDRESS: PO Box 12057 CITY/ST/ZIP/CO: Green Bay, WI 54307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Daniel Mahlik TITLE: DIRECTOR ADDRESS: 440 W. Vliet St CITY/ST/ZIP/CO: Milwaukee, WI 53212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Paul Olsen TITLE: DIRECTOR ADDRESS: 1450 Janesville Ave CITY/ST/ZIP/CO: Fort Atkinson, WI 53538	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Row Moriarty TITLE: DIRECTOR ADDRESS: 200 Clarendon St T-33 CITY/ST/ZIP/CO: Boston, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ MICHAEL J PUM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J PUM, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/20/2012 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.		