

1.) CORPORATION NAME:

Krueger International, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN KRENKE	
TITLE:	PRESIDENT	
ADDRESS:	1330 BELLEVUE ST	
CITY/ST/ZIP/CO:	GREEN BAY, WI 54302	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KELLY J ANDERSEN	
TITLE:	TREASURER	
ADDRESS:	1330 BELLEVUE STREET	
CITY/ST/ZIP/CO:	PO BOX 8100 GREEN BAY, WI 54308-8100	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT M CHARLES	
TITLE:	SECRETARY	
ADDRESS:	231 SOUTH ADAMS ST	
CITY/ST/ZIP/CO:	PO BOX 23200 GREEN BAY, WI 54305	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD J RESCH	
TITLE:	CEO/CHRMN	
ADDRESS:	1330 BELLEVUE ST	
CITY/ST/ZIP/CO:	PO BOX 8100 GREEN BAY, WI 54308-8100	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GUY PATZKE	
TITLE:	ASST SECRETARY	
ADDRESS:	PO BOX 8100	
CITY/ST/ZIP/CO:	GREEN BAY, WI 54308-8100	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL J PUM	
TITLE:	ASST SECRETARY	
ADDRESS:	1330 BELLEVUE STREET	
CITY/ST/ZIP/CO:	POB 8100 GREEN BAY, WI 54308-8100	

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: 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
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: 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
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	7/11/2013 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.		