

1.) CORPORATION NAME:

**Graef-USA Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1508904**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 S 84TH ST

CITY/ST/ZIP: MILWAUKEE, WI 53214-

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 M. BUB  
TITLE: PRESIDENT  
ADDRESS: 125 S 84TH ST STE 401  
CITY/ST/ZIP/CO: MILWAUKEE, WI 53214-1470

OFFICER

DIRECTOR

NAME: MICHAEL J LEFEBVRE  
TITLE: VICE PRESIDENT  
ADDRESS: 1150 SPRINGHURST DR STE 201  
CITY/ST/ZIP/CO: GREEN BAY, WI 54304-5950

OFFICER

DIRECTOR

NAME: JOHN L GOETTER  
TITLE: PRESIDENT  
ADDRESS: 125 S 84TH ST STE 401  
CITY/ST/ZIP/CO: MILWAUKEE, WI 53214-1470

OFFICER

DIRECTOR

NAME: JOHN KISSINGER  
TITLE: TREASURER  
ADDRESS: 125 S 84TH ST STE 401  
CITY/ST/ZIP/CO: MILWAUKEE, WI 53214-1470

OFFICER

DIRECTOR

NAME: TIM ROBINSON  
TITLE: CFO  
ADDRESS: 125 S 84TH ST STE 401  
CITY/ST/ZIP/CO: MILWAUKEE, WI 53214-1470

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN GREBE SECRETARY 125 S 84TH ST STE 401 MILWAUKEE, WI 53214-1470	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BURT J NAUMANN ASST TREASURER 125 S 84TH ST STE 401 MILWAUKEE, WI 53214-1470	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL EIRING VICE PRESIDENT 125 S 84TH ST STE 401 MILWAUKEE, WI 53214-1470	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J CASTILLO ASST SECRETARY 8501 W HIGGINS RD STE 280 CHICAGO, IL 60631-2801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI ROSENTHAL VICE PRESIDENT 125 S 84TH ST STE 401 MILWAUKEE, WI 53214-1470	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ RICHARD M. BUB	RICHARD M. BUB, PRESIDENT	4/27/2011
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.