

1.) CORPORATION NAME:

Graef-USA Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1508904**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 S 84th St.
Suite 401

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN H KISSINGER	
TITLE:	PRESIDENT	
ADDRESS:	125 S 84th St. Suite 401	
CITY/ST/ZIP/CO:	Milwaukee, WI 53214	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LOEI BADREDDINE	
TITLE:	VICE PRESIDENT	
ADDRESS:	125 S 84th St. Suite 401	
CITY/ST/ZIP/CO:	Milwaukee, WI 53214	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRENT PITCHER	
TITLE:	VICE PRESIDENT	
ADDRESS:	125 S 84th St. Suite 401	
CITY/ST/ZIP/CO:	Milwaukee, WI 53214	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL R EIRING	
TITLE:	VICE PRESIDENT	
ADDRESS:	125 S 84th St. Suite 401	
CITY/ST/ZIP/CO:	Milwaukee, WI 53214	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT HINRICHS	
TITLE:	VICE PRESIDENT	
ADDRESS:	1059 Maitland Center Commons Blvd.	
CITY/ST/ZIP/CO:	Maitland, FL 32751	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL J LEFEBVRE	
TITLE:	VICE PRESIDENT	
ADDRESS:	1150 Springhurst Drive, Suite 201	
CITY/ST/ZIP/CO:	Green Bay, WI 54304-5950	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH J SCHULLER VICE PRESIDENT 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY WESTFAHL VICE PRESIDENT 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BURT J NAUMANN VP/TREASURER 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI ROSENTHAL VP/ASST. TREAS 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD M. BUB CHAIRMAN 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J CASTILLO VP/ASST. SEC. 8501 W. Higgins Road, Suite 280 Chicago, IL 60631-2801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E GREBE SECRETARY 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM ROBINSON CFO 125 S 84th St. Suite 401 Milwaukee, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input 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/ JOHN H KISSINGER	JOHN H KISSINGER, PRESIDENT	5/29/2014
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.