

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215500585

1.) CORPORATION NAME:

SUPER EXCAVATORS, INC.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.
6802 PARAGON PLACE SUITE 410
RICHMOND, VA**

SCC ID NO: **F1777756**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: N59 W14601 BOBOLINK AVENUE

CITY/ST/ZIP: MENOMONEE FALLS, WI 53051

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: PETER SCHRAUFNAGEL TITLE: PRESIDENT ADDRESS: N59 W14601 BOBOLINK AVE CITY/ST/ZIP/CO: MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH R SCHRAUFNAGEL TITLE: VICE PRESIDENT ADDRESS: N59W14601 BOBOLINK AVE. CITY/ST/ZIP/CO: MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUSTIN KOLSTER TITLE: VICE PRESIDENT ADDRESS: N59W14601 BOBOLINK AVE. CITY/ST/ZIP/CO: MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GREGG REHAK TITLE: VICE PRESIDENT ADDRESS: N59W14601 BOBOLINK AVE. CITY/ST/ZIP/CO: MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY WEAKLY TITLE: VICE PRESIDENT ADDRESS: N59 W14601 BOBOLINK AVE CITY/ST/ZIP/CO: MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN SCHRAUFNAGEL TITLE: TREASURER ADDRESS: N59 W14601 BOBOLINK AVE CITY/ST/ZIP/CO: MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY J WILCOX SECRETARY N59W14601 BOBOLINK AVE. MENOMONEE FALLS, WI 53051	<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/ MARY J WILCOX	MARY J WILCOX, SECRETARY	12/9/2014	
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.			