

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002246

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC5003029696**

**Entity Name:** DIVERSIFIED INFRASTRUCTURE SERVICES, INC.

**Current Principal Place of Business:**

46 SOUTH ROLLINGS MEADOWS DRIVE  
FOND DU LAC, WI 54937

**Current Mailing Address:**

46 SOUTH ROLLINGS MEADOWS DRIVE  
FOND DU LAC, WI 54937

**FEI Number: 81-0861310**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVP  
Name CLINE, DEAN A  
Address 46 SOUTH ROLLINGS MEADOWS DRIVE  
City-State-Zip: FOND DU LAC WI 54937

Title D  
Name CEDERNA, JAMES A  
Address 46 SOUTH ROLLINGS MEADOWS DRIVE  
City-State-Zip: FOND DU LAC WI 54937

Title P  
Name GRUBER, JON T  
Address 46 SOUTH ROLLINGS MEADOWS DRIVE  
City-State-Zip: FOND DU LAC WI 54937

Title ST  
Name CLEVELAND, ROBERT E  
Address 46 SOUTH ROLLINGS MEADOWS DRIVE  
City-State-Zip: FOND DU LAC WI 54937

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEAN CLINE**

**VICE PRESIDENT**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date