

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004161

Entity Name: FIRST DAKOTA, INC.**Current Principal Place of Business:**3517 DOWNING STREET
BISMARCK, ND 58504**Current Mailing Address:**5555 GRANDE MARKET DRIVE
PO BOX 5097
APPLETON, WI 54913 US**FEI Number:** 45-0372526**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 VP
Name GUNDERSON, GERRY
Address 3231 GREENSBORO DRIVE
SUITE 200
City-State-Zip: BISMARCK ND 58503

Title AVP
Name MANEVAL, TODD
Address 1 CORPORATE WAY
City-State-Zip: LANSING MI 48951

Title AVP
Name DEVANNEY, WILLIAM
Address 1 CORPORATE WAY
City-State-Zip: LANSING MI 48951

Title DIRECTOR, CHAIRMAN
Name ROMINE, SCOTT
Address 300 INNOVATION DRIVE
City-State-Zip: FRANKLIN TN 37067

Title SECRETARY
Name RICHARDSON, KRISTAN L
Address 1 CORPORATE WAY
City-State-Zip: LANSING MI 48951

Title SVP
Name LANGEMO, LAWRENCE
Address 3231 GREENSBORO DRIVE
SUITE 200
City-State-Zip: BISMARCK ND 58503

Title PRESIDENT, DIRECTOR
Name KOMOSZEWSKI, JAMES
Address 3231 GREENSBORO DRIVE
SUITE 200
City-State-Zip: BISMARCK ND 58503

Title DIRECTOR
Name COSTELLO, MICHAEL A.
Address 1 CORPORATE WAY
City-State-Zip: LANSING MI 48951

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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: KRISTAN L. RICHARDSON**SECRETARY****04/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP
Name	COLEMAN, CAREN
Address	100 NORTH SEPULVEDA BLVD STE 1800
City-State-Zip:	EL SEGUNDO CA 90245