

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400000683

Entity Name: POWER PRODUCTS, LLC

Current Principal Place of Business:

N85 W 12545 WESTBROOK CROSSING
MENOMONEE FALLS, WI 53051

Current Mailing Address:

N85 W 12545 WESTBROOK CROSSING
MENOMONEE FALLS, WI 53051

FEI Number: 90-1027031

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
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: NORINE NAGEL - ASSISTANT SECRETARY

02/16/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, PRESIDENT
Name SCHEER, DAVID
Address N85 W 12545 WESTBROOK
CROSSING
City-State-Zip: MENOMONEE FALLS WI 53051

Title CFO, SECRETARY
Name MCMAHON, ADAM
Address N85 W 12545 WESTBROOK
CROSSING
City-State-Zip: MENOMONEE FALLS WI 53051

Title OWNR
Name SENTINAL CAPITAL PARTNERS
Address 330 MADISON AVE, 27TH FL
City-State-Zip: NEW YORK NY 10017

Title TREASURER
Name LANG, JOHN
Address N85 W12545 WESTBROOK CROSSING
City-State-Zip: MENOMONEE FALLS WI 53051

Title VP, ASST. SECRETARY
Name BOMMER, ERIC
Address 330 MADISON AVE, 27TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title VP, ASST. SECRETARY
Name VAN SICKLE, JOHN
Address 330 MADISON AVE, 27TH FLOOR
City-State-Zip: NEW YORK NY 10017

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM MCMAHON

CFO & SECRETARY

02/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date