

**2019 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:**

26125 N. RIVERWOODS BLVD.  
SUITE 500  
METTAWA, IL 60045 US

**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

04/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           TREASURER  
Name           LANG, JOHN G.  
Address        N85 W 12545 WESTBROOK  
                  CROSSING  
City-State-Zip: MENOMONEE FALLS WI 53051

Title           PRESIDENT  
Name           MCCLAIN, CHRISTOPHER E.  
Address        N85 W 12545 WESTBROOK  
                  CROSSING  
City-State-Zip: MENOMONEE FALLS WI 53051

Title           VP, SECRETARY  
Name           LOUBE, NANCY J.  
Address        26125 N. RIVERWOODS BLVD.  
                  SUITE 500  
City-State-Zip: METTAWA IL 60045

Title           ASST. SECRETARY  
Name           FORAN, JULIANNE  
Address        26125 N. RIVERWOODS BLVD.  
                  SUITE 500  
City-State-Zip: METTAWA IL 60045

*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:** JULIANNE FORAN

ASST. SECRETARY

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date