



Form Revision Date 07/2016

## ANNUAL REPORT

*(Required by Section 911, Act 284, Public Act of 1972)*

The identification number assigned by the Bureau is: 800653543

Annual Report Filing Year: 2021

1. Corporation Name:  
TGW SYSTEMS INC.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: LEO LEONARDIS  
 2. Street Address: 3001 ORCHARD VISTA DRIVE  
 Apt/Suite/Other: SUITE 300  
 City: GRAND RAPIDS  
 State: MI Zip Code: 49546

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 3001 ORCHARD VISTA DRIVE  
 Apt/Suite/Other: SUITE 300  
 City: GRAND RAPIDS  
 State: MI Zip Code: 49546

4. Provide the names and business or residence addresses of the corporations board of directors and its president, treasurer, and secretary:

| Title     | Name           | Residence or Business Address                                   |
|-----------|----------------|---|
| PRESIDENT | MARIO HERNDL   | 3001 ORCHARD VISTA DRIVE, SUITE 300, GRAND RAPIDS, MI 49546 USA |
| TREASURER | LOU LEONARDIS  | 3001 ORCHARD VISTA DRIVE, SUITE 300, GRAND RAPIDS, MI 49546 USA |
| SECRETARY | LOU LEONARDIS  | 3001 ORCHARD VISTA DRIVE, SUITE 300, GRAND RAPIDS, MI 49546 USA |
| DIRECTOR  | HARALD SCHROPF | LUDWIG SZINICZ STRASSE 3, A-4614 MARCHTRENK AUT                 |

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:

MANUFACTURE OF UNIT HANDLING CONVEYOR, AND SALES OF AUTOMATED WAREHOUSE SYSTEMS.

This document must be signed by an authorized officer or agent:

Signed this 26th Day of January, 2021 by:

| Signature        | Title            | Title if "Other" was selected |
|------------------|------------------|-------------------------------|
| Peter J. Lozicki | Authorized Agent |                               |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

$j_n$  Decline

$j_n$  Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** 2021 ANNUAL REPORT

***for***

TGW SYSTEMS INC.

***ID Number:*** 800653543

***received by electronic transmission on*** January 26, 2021 ***, is hereby endorsed.***

***Filed on*** January 26, 2021 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 26th day of January, 2021.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***