

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21170

Entity Name: SHEL-VEST, INC.**Current Principal Place of Business:**12188 PROBASCO LANDING
EASTON, MD 21601**Current Mailing Address:**C/O CRANE CO
100 FIRST STANDFORD PL.
STAMFORD, CT 06902 US**FEI Number:** 13-3465222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLANCHARD, DOCK A.
4 SE BROADWAY ST
OCALA, FL 34471 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	PD, SECRETARY
Name	EVANS, ROBERT S.
Address	100 FIRST STAMFOD PL
City-State-Zip:	STAMFORD CT 06902

Title	DIRECTOR
Name	SUSAN, EVANS
Address	114 GLENWOOD DR
City-State-Zip:	GREENWICH CT 06820

Title	DIRECTOR
Name	EVANS, JONATHAN
Address	5 JOFRAN LANE
City-State-Zip:	GREENWICH CT 06830

Title	DIRECTOR
Name	MACDONALD , ASHLEY
Address	129 MONTFORD AVENUE
City-State-Zip:	MILL VALLEY CA 94941

Title	DIRECTOR
Name	ROBINSON, MICHAEL
Address	1277 SMITH RIDGE ROAD
City-State-Zip:	NEW CANAAN CT 06840

Title	ASST. SECRETARY, TREASURER
Name	CHRISTENSEN, STACY
Address	5 DARIEN CLOSE
City-State-Zip:	DARIEN CT 06820

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: STACY S. CHRISTENSENASST, SECRETARY,
TREASURER

02/07/2018

Electronic Signature of Signing Officer/Director Detail

Date