

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005446

**Entity Name:** GRASS VALLEY USA, LLC

**Current Principal Place of Business:**

125 CROWN POINT COURT  
GRASS VALLEY, CA 95945

**Current Mailing Address:**

125 CROWN POINT COURT  
GRASS VALLEY, CA 95945 US

**FEI Number:** 27-3715541

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            STROUP, JOHN  
Address        125 CROWN POINT COURT  
City-State-Zip: GRASS VALLEY CA 95945

Title            SECRETARY, DIRECTOR  
Name            ANDERSON, BRIAN  
Address        125 CROWN POINT COURT  
City-State-Zip: GRASS VALLEY CA 95945

Title            TREASURER, DIRECTOR  
Name            TISZAI, WILLIAM  
Address        125 CROWN POINT COURT  
City-State-Zip: GRASS VALLEY CA 95945

Title            AUTHORIZED PERSON  
Name            LONG, MICHELLE  
Address        1 N. BRENTWOOD BLVD.  
City-State-Zip: SAINT LOUIS MO 63105

Title            AUTHORIZED MEMBER  
Name            GRASS VALLEY USA, LLC  
Address        125 CROWN POINT COURT  
City-State-Zip: GRASS VALLEY CA 95945

*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:** MICHELLE LONG

**AUTHORIZED  
REPRESENTATIVE**

**04/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date