2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT
DOCUMENT\# 829890
Entity Name: OVERHEAD DOOR CORPORATION

## Current Principal Place of Business:

2501 S. STATE HIGHWAY 121
SUITE 200
LEWISVILLE, TX 75067

## Current Mailing Address:

2501 S. STATE HIGHWAY 121
SUITE 200
LEWISVILLE, TX 75067
FEI Number: 35-0564120
Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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:
Electronic Signature of Registered Agent

## Officer/Director Detail :

| Title | CD | Title | PCED |
| :---: | :---: | :---: | :---: |
| Name | TAKAYAMA, TOSHITAKA | Name | STONE, DENNIS |
| Address | 2501 S. STATE HIGHWAY 121,STE. 200 | Address | 2501 S. STATE HIGHWAY 121,STE. |
| City-State-Zip: | LEWISVILLE TX 75067 | City-State-Zip: | LEWISVILLE TX 75067 |
| Title | VCFD | Title | VPT |
| Name | LEHMANN, PAUL A | Name | ROSS, MARTHA |
| Address | 2501 S. STATE HIGHWAY 121, STE. 200 | Address | 2501 S. STATE HIGHWAY 121 SUITE 200 |
| City-State-Zip: | LEWISVILLE TX 75067 | City-State-Zip: | LEWISVILLE TX 75067 |
| Title | VGCS | Title | D |
| Name | SCHOCHET, WILLIAM A | Name | FUKUDA, MASAHIRO |
| Address | 2501 S. STATE HIGHWAY 121, STE. <br> 200 | Address | $\begin{aligned} & 2501 \text { S. STATE HIGHWAY 121, STE. } \\ & 200 \end{aligned}$ |
| City-State-Zip: | LEWISVILLE TX 75067 | City-State-Zip: | LEWISVILLE TX 75067 |

[^0]SIGNATURE: MARTHA ROSS


[^0]:    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.

