

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001915

**Entity Name:** EJM PIPE SERVICES, INC.**Current Principal Place of Business:**255 HWY 97 SUITE 4A  
FOREST LAKE, MN 55025**Current Mailing Address:**255 HWY 97 SUITE 4A  
FOREST LAKE, MN 55025 US**FEI Number: 41-1290042****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | MONTGOMERY, ALLEN    |
| Address         | 255 HWY 97 SUITE 4A  |
| City-State-Zip: | FOREST LAKE MN 55025 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | MONTGOMERY, MARK     |
| Address         | 255 HWY 97 SUITE 4A  |
| City-State-Zip: | FOREST LAKE MN 55025 |

|                 |                          |
|-----------------|--------------------------|
| Title           | VP, SECRETARY, TREASURER |
| Name            | LUNDGREN, VICKI          |
| Address         | 255 HWY 97 SUITE 4A      |
| City-State-Zip: | FOREST LAKE MN 55025     |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | MONTGOMERY, JOHN     |
| Address         | 255 HWY 97 SUITE 4A  |
| City-State-Zip: | FOREST LAKE MN 55025 |

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: ALLEN MONTGOMERY****PRESIDENT****04/28/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date