

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005807

**Entity Name:** SHANNON & WILSON, INC.

**Current Principal Place of Business:**

400 N. 34TH ST.  
SUITE 100  
SEATTLE, WA 98103

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC5085146832**

**Current Mailing Address:**

400 N. 34TH ST.  
SUITE 100  
SEATTLE, WA 98103 US

**FEI Number:** 91-0745357

**Certificate of Status Desired:** No

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

POPOVICH, MARK AVP  
13400 SUTTON PK DR S  
1001-4  
JACKSONVILLE, FL 33324-0235 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/DIRECTOR  
Name            BUECHEL, GERARD J.  
Address        4246 WEST MONTFORT  
City-State-Zip: SEATTLE WA 98199

Title            DIRECTOR  
Name            ELLIS, HOLLIE L.  
Address        2328 FRANKLIN AVE. E.  
City-State-Zip: SEATTLE WA 98102-3315

Title            SECRETARY  
Name            ELLIS, HOLLIE L.  
Address        2328 FRANKLIN AVE. E.  
City-State-Zip: SEATTLE WA 98102-3315

Title            TREASURER  
Name            ELLIS, HOLLIE L.  
Address        2328 FRANKLIN AVE. E.  
City-State-Zip: SEATTLE WA 98102-3315

Title            DIRECTOR  
Name            FISCHER, GREGORY R.  
Address        5383 S. LAMAR ST.  
City-State-Zip: LITTLETON CO 80123-5193

Title            DIRECTOR  
Name            GODLEWSKI, PAUL M.  
Address        3701 NE 148TH ST.  
City-State-Zip: SEATTLE WA 98155-7804

Title            DIRECTOR  
Name            HEMRY, MATTHEW S.  
Address        15943 SUNSET BENC CIRCLE  
City-State-Zip: ANCHORAGE AK 99516

Title            DIRECTOR  
Name            MCCULLOCH, NEAL D.J.  
Address        965 WINSLOW WAY EAST  
                  #101  
City-State-Zip: BAINBRIDGE ISLAND WA 98810

**Continues on page 2**

*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:** HOLLIE L. ELLIS

**SECRETARY**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SCHWAB, RUSSELL W.  
Address        12843 HUNTERCREEK  
City-State-Zip: DES PERES MO 63131-2223