

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000950

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC1159383664**

**Entity Name:** 5.11, INC.

**Current Principal Place of Business:**

4300 SPYRES WAY  
MODESTO, CA 95356

**Current Mailing Address:**

4300 SPYRES WAY  
MODESTO, CA 95356

**FEI Number:** 61-1443499

**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

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name DAVIN, THOMAS E  
Address 1360 REYNOLDS AVE  
SUITE 101  
City-State-Zip: IRVINE CA 92614

Title SECRETARY  
Name WICKS, JOHN F  
Address 4300 SPYRES WAY  
City-State-Zip: MODESTO CA 95356

Title CFO  
Name UNTER, DAVID A  
Address 1360 REYNOLDS AVE  
SUITE 101  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name SAWTELLE, ZACHARY  
Address 2010 MAIN STREET  
SUITE 1220  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name MCLAUGHLIN, BETSY  
Address 4300 SPYRES WAY  
City-State-Zip: MODESTO CA 95356

Title DIRECTOR  
Name KNIGHT, KIP  
Address 4300 SPYRES WAY  
City-State-Zip: MODESTO CA 95356

Title DIRECTOR  
Name MENDENHALL, DUDLEY  
Address 4300 SPYRES WAY  
City-State-Zip: MODESTO CA 95356

Title DIRECTOR  
Name SABO, ELIAS  
Address 2010 MAIN STREET  
SUITE 1220  
City-State-Zip: IRVINE CA 92614

**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:** JOHN F. WICKS

**SECRETARY**

**01/11/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, ASST. SECRETARY  
Name            MACIARIELLO, PATRICK A.  
Address        2010 MAIN STREET  
                 SUITE 1220  
City-State-Zip: IRVINE CA 92614