

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000950

**FILED**  
**Apr 30, 2020**  
**Secretary of State**  
**5378560775CC**

**Entity Name:** 5.11, INC.

**Current Principal Place of Business:**

3201 NORTH AIRPORT WAY  
MANTECA, CA 95336

**Current Mailing Address:**

3201 NORTH AIRPORT WAY  
MANTECA, CA 95336 US

**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  
Name MORALES, FRANCISCO  
Address 1360 REYNOLDS AVE  
SUITE 101  
City-State-Zip: IRVINE CA 92614

Title SECRETARY  
Name WICKS, JOHN F  
Address 3201 NORTH AIRPORT WAY  
City-State-Zip: MANTECA CA 95336

Title CFO  
Name MCGINTY, JIM  
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 1360 REYNOLDS AVE  
SUITE 101  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name KNIGHT, KIP  
Address 1360 REYNOLDS AVE  
SUITE101  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name MENDENHALL, DUDLEY  
Address 1360 REYNOLDS AVE  
SUITE 101  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name HYDE, MATT  
Address 3201 NORTH AIRPORT WAY  
City-State-Zip: MANTECA CA 95336

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*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**

**04/30/2020**

\_\_\_\_\_  
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