

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000950

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:

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

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

Title DIRECTOR
Name SAWTELLE, ZACHARY
Address 2010 MAIN STREET
SUITE 1220
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, MATTHEW
Address 3201 NORTH AIRPORT WAY
City-State-Zip: MANTECA CA 95336

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

Title TREASURER, CFO
Name MCGINTY, JAMES
Address 1360 REYNOLDS AVE, STE 101
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name MCLAUGHLIN, ELIZABETH
Address 1360 REYNOLDS AVE, STE 101
City-State-Zip: IRVINE CA 92614

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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: FRANCISCO MORALES

CEO

04/18/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR

Name BROWN, TROYLIND

Address 1360 REYNOLDS AVE, STE 101

City-State-Zip: IRVINE CA 92614