

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000393

Entity Name: SUREID, INC.

Current Principal Place of Business:

5800 NW PINEFARM PL.
HILLSBORO, OR 97124

Current Mailing Address:

5800 NW PINEFARM PL.
HILLSBORO, OR 97124 US

FEI Number: 93-1331902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARK WILLIAMS

04/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LARSON, STEVE
Address 2088 WATERTON RIVERS DRIVE
City-State-Zip: HENDERSON NV 89044

Title DIRECTOR
Name BECK, B.G. BUDDY
Address 10601 SHADOW LAND
City-State-Zip: FAIRFAX STATION VA 22039

Title DIRECTOR
Name EBERHART, RALPH
Address 909 N. WASHINGTON ST.
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name COLLINS, THOMAS
Address 2504 SHEFFIELD CRESCENT COURT
City-State-Zip: CHARLOTTE NC 28226

Title DIRECTOR
Name HUMPHREY, RAYMOND
Address 6300 SPARROW LANE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name PRIDDY, GREG
Address 2023 LINCOLN STREET
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR
Name NEWTON, WILLIAM
Address 890 W BROADWAY
City-State-Zip: JACKSON WY 83001

Title DIRECTOR
Name ALLEN, ERNIE
Address 5800 NW PINEFARM PL.
City-State-Zip: HILLSBORO OR 97124

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: JAMES ROBELL

PRESIDENT

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name ROBELL, JAMES
Address 5800 NW PINEFARM PL
City-State-Zip: HILLSBORO OR 97124

Title SECRETARY
Name COWAN, KATHERINE
Address 5800 NW PINEFARM PL
City-State-Zip: HILLSBORO OR 97124

Title TREASURER
Name SULLIVAN, SEAN
Address 5800 NW PINEFARM PL.
City-State-Zip: HILLSBORO OR 97124