

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002769

FILED
Feb 29, 2024
Secretary of State
3981003087CC

Entity Name: SHELTER PRODUCTS, INC.

Current Principal Place of Business:

4560 SE INTERNATIONAL WAY
SUITE 215
MILWAUKIE, OR 97222

Current Mailing Address:

4560 SE INTERNATIONAL WAY
SUITE 215
MILWAUKIE, OR 97222 US

FEI Number: 91-1827267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
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: SABRINA TILLAPAUGH

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER, V.P.
FINANCE
Name WILSON, AARON
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title CFO, DIRECTOR
Name HUTTON, KURT R
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title PRESIDENT, CEO, CHAIRMAN,
DIRECTOR
Name AUSTIN, JOHN T
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title DIRECTOR
Name ROSENFELD, WILL
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title DIRECTOR
Name SCHMITT, STEVE
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title DIRECTOR
Name POND, FRED
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title VP ADMINISTRATION
Name TABOR, NICOLE
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

Title COO
Name NOTEBOOM, CURTIS
Address 4560 SE INTERNATIONAL WAY
SUITE 215
City-State-Zip: MILWAUKIE OR 97222

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: AARON WILSON

SECRETARY

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date