## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002769

Entity Name: SHELTER PRODUCTS, INC.

**Current Principal Place of Business:** 

1490 SE GIDEON ST SUITE 100 PORTLAND, OR 97202

**Current Mailing Address:** 

PO BOX 42100

PORTLAND, OR 97242

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 03/01/2016

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

D

Title

Title Title ST

BEECHLER, GEORGE J Name WILSON, AARON Name

1490 SE GIDEON ST SUITE 100 Address 1490 SE GIDEON ST SUITE 100 Address

City-State-Zip: PORTLAND OR 97202 PORTLAND OR 97202 City-State-Zip:

VPD Title Title D

Name AUSTIN, JOHN T HUTTON, KURT R Name

Address 2224 STANTON ROAD Address 1490 SE GIDEON ST SUITE 100 DAPHNE AL 36526 City-State-Zip: City-State-Zip: PORTLAND OR 97202

DIRECTOR Title

Name SCHMITT, STEVE Name ROSENFELD. WILL

Address 1490 SE GIDEON ST SUITE 100 1490 SE GIDEON ST SUITE 100 Address

City-State-Zip: PORTLAND OR 97202 City-State-Zip: PORTLAND OR 97202

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.

SECRETARY/TREASURER 03/01/2016 SIGNATURE: AARON WILSON

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Mar 01, 2016

**Secretary of State** 

CC8027958356