

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002769

**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

03/29/2021

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 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 V.P. SALES  
Name DESIMONE, MICHAEL  
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

*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

03/29/2021

Electronic Signature of Signing Officer/Director Detail

Date