2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700002769

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

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 | | | 03/27/2023 |
|-----------------|--|-----------------|--|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | SECRETARY, TREASURER, V.P. | Title | CFO, DIRECTOR | |
| Name | FINANCE WILSON, AARON | Name | HUTTON, KURT R | |
| Address | 4560 SE INTERNATIONAL WAY | Address | 4560 SE INTERNATIONAL WAY SUITE 215 | Y |
| City-State-Zip: | SUITE 215 MILWAUKIE OR 97222 | City-State-Zip: | MILWAUKIE OR 97222 | |
| Title | PRESIDENT, CEO, CHAIRMAN, DIRECTOR | Title | DIRECTOR | |
| | | Name | ROSENFELD, WILL | |
| Name | AUSTIN, JOHN T | Address | 4560 SE INTERNATIONAL WAY | Y |
| Address | 4560 SE INTERNATIONAL WAY SUITE 215 | City-State-Zip: | SUITE 215 MILWAUKIE OR 97222 | |
| City-State-Zip: | MILWAUKIE OR 97222 | Title | DIRECTOR | |
| Title | DIRECTOR | Name | POND, FRED | |
| Name | SCHMITT, STEVE | Address | 4560 SE INTERNATIONAL WA' SUITE 215 | Y |
| Address | 4560 SE INTERNATIONAL WAY SUITE 215 | City-State-Zip: | MILWAUKIE OR 97222 | |
| City-State-Zip: | MILWAUKIE OR 97222 | Title | COO | |
| Title | VP ADMINISTRATION | Name | NOTEBOOM, CURTIS | |
| Name | TABOR, NICOLE | Address | 4560 SE INTERNATIONAL WAY | Y |
| Address | 4560 SE INTERNATIONAL WAY SUITE 215 | City-State-Zip: | SUITE 215 MILWAUKIE OR 97222 | |
| 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

03/27/2023

Electronic Signature of Signing Officer/Director Detail

FILED Mar 27, 2023 Secretary of State 2120879938CC

Certificate of Status Desired: No