

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002769

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC1957748583**

**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

03/17/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BEECHLER, GEORGE J  
Address 1490 SE GIDEON ST SUITE 100  
City-State-Zip: PORTLAND OR 97202

Title ST  
Name WILSON, AARON  
Address 1490 SE GIDEON ST SUITE 100  
City-State-Zip: PORTLAND OR 97202

Title D  
Name HUTTON, KURT R  
Address 1490 SE GIDEON ST SUITE 100  
City-State-Zip: PORTLAND OR 97202

Title VPD  
Name AUSTIN, JOHN T  
Address 2224 STANTON ROAD  
City-State-Zip: DAPHNE AL 36526

Title D  
Name ROSENFELD, WILL  
Address 1490 SE GIDEON ST SUITE 100  
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.*

**SIGNATURE:** AARON WILSON

**SECRETARY/TREASURER** 03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date