

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F10000001633

**Entity Name:** REE SOUTHEAST, INC.**Current Principal Place of Business:**650 NE HOLLADAY STREET  
SUITE 1400  
PORTLAND, OR 97232**Current Mailing Address:**650 NE HOLLADAY STREET  
SUITE 1400  
PORTLAND, OR 97232 US**FEI Number:** 80-0575983**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33158 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title EXECUTIVE VICE PRESIDENT, CFO  
Name THOMPSON, PAUL  
Address 650 NE HOLLADAY STREET  
SUITE 1400  
City-State-Zip: PORTLAND OR 97232

Title CEO  
Name WYATT, JOHN T.  
Address 650 NE HOLLADAY STREET  
SUITE 1400  
City-State-Zip: PORTLAND OR 97232

Title SENIOR VICE PRESIDENT  
Name AMANDI, TONY  
Address 650 NE HOLLADAY STREET  
SUITE 1400  
City-State-Zip: PORTLAND OR 97232

Title VP  
Name TRAN, SAMANTHA  
Address 650 NE HOLLADAY STREET  
SUITE 1400  
City-State-Zip: PORTLAND OR 97232

Title VP  
Name BENEDICT, DAVID  
Address 650 NE HOLLADAY STREET  
SUITE 1400  
City-State-Zip: PORTLAND OR 97232

Title CORPORATE SECRETARY  
Name GALLAGHER, KATHRYN  
Address 650 NE HOLLADAY STREET  
SUITE 1400  
City-State-Zip: PORTLAND OR 97232

*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:** DAVID A. BENEDICT

VICE PRESIDENT

09/11/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date