

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003470

**Entity Name:** FIRSTONSITE RESTORATION, INC.

**Current Principal Place of Business:**

185 MOLLY WALTON DRIVE  
HENDERSONVILLE, TN 37075

**Current Mailing Address:**

185 MOLLY WALTON DRIVE  
HENDERSONVILLE, TN 37075 US

**FEI Number:** 45-3115488

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 VP  
Name SHORT, WILLIAM II  
Address 185 MOLLY WALTON DRIVE  
City-State-Zip: HENDERSONVILLE TN 37075

Title SECRETARY  
Name SUTHERLAND, ALAN  
Address 185 MOLLY WALTON DRIVE  
City-State-Zip: HENDERSONVILLE TN 37075

Title PRESIDENT, DIRECTOR  
Name JOHNSON, JEFFREY  
Address 6200 SOUTH SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title TREASURER  
Name SHEPPARD, SHELLEY  
Address 185 MOLLY WALTON DRIVE  
City-State-Zip: HENDERSONVILLE TN 37075

Title VP  
Name DEMOS, DAVID  
Address 185 MOLLY WALTON DRIVE  
City-State-Zip: HENDERSONVILLE TN 37075

Title VP  
Name GREEN, MIKEL J  
Address 185 MOLLY WALTON DRIVE  
City-State-Zip: HENDERSONVILLE TN 37075

Title ASST. SECRETARY  
Name KRISTOFKO, MATTHEW  
Address 6200 SOUTH SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title ASST. SECRETARY, DIRECTOR  
Name COOKE, DOUGLAS G.  
Address 1255 BAY STREET, SUITE 600  
City-State-Zip: TORONTO ON M5R2A9

**Continues on page 2**

*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:** ALAN SUTHERLAND

**SECRETARY**

**04/22/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MAZUR, STACY  
Address 6200 SOUTH SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title DIRECTOR  
Name RAKUSIN, JEREMY  
Address 1255 BAY STREET, SUITE 600  
City-State-Zip: TORONTO ON M5R2A9

Title DIRECTOR  
Name NGUYEN, ALEX  
Address 1255 BAY STREET, SUITE 600  
City-State-Zip: TORONTO ON M5R2A9

Title VP  
Name FRANKLIN, BO  
Address 185 MOLLY WALTON DRIVE  
City-State-Zip: HENDERSONVILLE TN 37075