

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004597

**Entity Name:** JACOBSON WAREHOUSE COMPANY, INC.

**Current Principal Place of Business:**

1275 NW 128TH STREET  
CLIVE, IA 50325

**Current Mailing Address:**

2055 NW SAVIER STREET  
PORTLAND , OR 97209 US

**FEI Number: 42-1399841**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., STE. A  
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	DIRECTOR	Title	DIRECTOR, ASST. SECRETARY
Name	WILSON, MALCOLM	Name	NAVID LANE, LYNDSAY
Address	5 AMERICAN LANE	Address	5 AMERICAN LANE
City-State-Zip:	GREENWICH CT 06831	City-State-Zip:	GREENWICH CT 06831
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR
Name	CHOWDHURY, ASHFAQUE	Name	COOPER, TROY A.
Address	4035 PIEDMONT PARKWAY	Address	5 AMERICAN LANE
City-State-Zip:	HIGH POINT NC 27265	City-State-Zip:	GREENWICH CT 06831
Title	VP, SECRETARY	Title	VP, TREASURER
Name	KIRSIS, KARLIS	Name	ROGERS, MATTHEW R.
Address	5 AMERICAN LANE	Address	4035 PIEDMONT PARKWAY
City-State-Zip:	GREENWICH CT 06831	City-State-Zip:	HIGH POINT NC 27265
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	GOWER, LANNY	Name	PEARSON, KIM A.
Address	2055 NW SAVIER STREET	Address	13777 BALLANTYNE CORPORATE PLACE STE 400
City-State-Zip:	PORTLAND OR 97209	City-State-Zip:	CHARLOTTE NC 28277

**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: LANNY GOWER**

**ASST. SECRETARY**

**04/18/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name TOHVERT, RIINA  
Address 5 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831