

**2020 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

**FILED**  
**Feb 28, 2020**  
**Secretary of State**  
**3242727338CC**

**Current Mailing Address:**

2055 NW SAVIER STREET  
ATTN: TAX DEPT  
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  
Name WILSON, MALCOLM  
Address 5 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title DIRECTOR, PRESIDENT  
Name CHOWDHURY, ASHFAQUE  
Address 4035 PIEDMONT PARKWAY  
City-State-Zip: HIGH POINT NC 27265

Title DIRECTOR  
Name COOPER, TROY A.  
Address 5 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title SECRETARY, DIRECTOR  
Name KIRSIS, KARLIS P II  
Address 5 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title ASST. SECRETARY  
Name GOWER, LANNY  
Address 2055 NW SAVIER STREET  
City-State-Zip: PORTLAND OR 97209

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

Title TREASURER  
Name TULSYAN, RAVI  
Address 5 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title ASST. SECRETARY  
Name VALITUTTO, RICHARD EF  
Address 4035 PIEDMONT PARKWAY  
City-State-Zip: HIGH POINT NC 27265

**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**

**ASSISTANT SECRETARY 02/28/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name PETRELLA, JAMES X  
Address 11215 N COMMUNITY HOUSE  
City-State-Zip: CHARLOTTE NC 28277