

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004165

Entity Name: WALTER KIDDE PORTABLE EQUIPMENT INC.**Current Principal Place of Business:**1016 CORPORATE PARK DRIVE
MEBANE , NC 27302**Current Mailing Address:**1016 CORPORATE PARK DRIVE
MEBANE , NC 27302 US**FEI Number:** 51-0305035**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT/DIRECTOR
Name WARD, JAMES P
Address 1016 CORPORATE PARK DRIVE
City-State-Zip: MEBANE NC 27302

Title SECRETARY/DIRECTOR
Name LUNG, MATTHEW K
Address 1016 CORPORATE PARK DRIVE
City-State-Zip: MEBANE NC 27302

Title TREASURER/DIRECTOR
Name JERABEK, JOEL
Address 1016 CORPORATE PARK DRIVE
City-State-Zip: MEBANE NC 27302

Title ASSISTANT SECRETARY
Name QUERCIA, ANDREA M.
Address 1016 CORPORATE PARK DRIVE
City-State-Zip: MEBANE NC 27302

Title DIRECTOR
Name BORIES, JACQUES CHARLES
Address 1016 CORPORATE PARK DRIVE
City-State-Zip: MEBANE NC 27302

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: ANDREA M. QUERCIA**ASSISTANT SECRETARY 04/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date