

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005104

**Entity Name:** SKYLINE BUILDING SYSTEMS (USA) INC.

**Current Principal Place of Business:**

261185 WAGON WHEEL WAY  
ROCKY VIEW, ALBERTA T4A 0P2

**Current Mailing Address:**

261185 WAGON WHEEL WAY  
ROCKY VIEW, ALBERTA T4A 0P2 CA

**FEI Number:** 68-0673719

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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            PRESIDENT, DIRECTOR  
Name            KENT, TREVOR  
Address        261185 WAGON WHEEL WAY  
City-State-Zip: ROCKY VIEW T4A0P2

Title            SECRETARY  
Name            MOORE, TARA  
Address        261185 WAGON WHEEL WAY  
City-State-Zip: ROCKY VIEW ALBERTA T4A0P2

Title            CFO, TREASURER  
Name            WARD, JONATHAN  
Address        261185 WAGON WHEEL WAY  
City-State-Zip: ROCKY VIEW ALBERTA T4A0P2

*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:** JONATHAN WARD

**TREASURER**

**03/01/2024**

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

\_\_\_\_\_  
Date