

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002376

Entity Name: NEWPORT LABORATORIES, INC.**Current Principal Place of Business:**1520 PRAIRIE DRIVE
WORTHINGTON, MN 56187**Current Mailing Address:**1520 PRAIRIE DRIVE
WORTHINGTON, MN 56187 US**FEI Number:** 45-1651204**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 VP
Name SHIRBROUN, RANDY
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

Title PRESIDENT/CEO
Name DIAZ, EDGAR
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

Title ASSISTANT SECRETARY
Name BETTINGTON, TIMOTHY
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

Title DIRECTOR
Name FONTEYNE, PAUL R.
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

Title TREASURER/CFO
Name HARBERTS, BRIAN
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

Title DIRECTOR
Name ORTH, CHRISTIAN
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

Title SECRETARY
Name BARTON, MARSHALL
Address 1520 PRAIRIE DRIVE
City-State-Zip: WORTHINGTON MN 56187

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: MARSHALL BARTON**SECRETARY****06/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date