# 2019 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

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Secretary of State 5795086553CC

Date

Certificate of Status Desired: No

FILED Apr 04, 2019

3324 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

## Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	DIAZ, EDGAR	Name	DENTON, SHEILA
Address	1520 PRAIRIE DRIVE	Address	1520 PRAIRIE DRIVE
City-State-Zip:	WORTHINGTON MN 56187	City-State-Zip:	WORTHINGTON MN 56187
Title	CFO	Title	VP
Name	ORTH, CHRISTIAN	Name	SHIRBROUN, RANDY
Address	1520 PRAIRIE DRIVE	Address	1520 PRAIRIE DRIVE
City-State-Zip:	WORTHINGTON MN 56187	City-State-Zip:	WORTHINGTON MN 56187
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR ORTH, CHRISTIAN	Title Name	DIRECTOR BAIKER, WOLFGANG
Name	ORTH, CHRISTIAN	Name	BAIKER, WOLFGANG 1520 PRAIRIE DRIVE
Name Address	ORTH, CHRISTIAN 1520 PRAIRIE DRIVE	Name Address	BAIKER, WOLFGANG 1520 PRAIRIE DRIVE
Name Address City-State-Zip:	ORTH, CHRISTIAN 1520 PRAIRIE DRIVE WORTHINGTON MN 56187	Name Address City-State-Zip:	BAIKER, WOLFGANG 1520 PRAIRIE DRIVE WORTHINGTON MN 56187
Name Address City-State-Zip: Title	ORTH, CHRISTIAN 1520 PRAIRIE DRIVE WORTHINGTON MN 56187 DIRECTOR	Name Address City-State-Zip: Title	BAIKER, WOLFGANG 1520 PRAIRIE DRIVE WORTHINGTON MN 56187 DIRECTOR
Name Address City-State-Zip: Title Name	ORTH, CHRISTIAN 1520 PRAIRIE DRIVE WORTHINGTON MN 56187 DIRECTOR DENTON, SHEILA	Name Address City-State-Zip: Title Name	BAIKER, WOLFGANG 1520 PRAIRIE DRIVE WORTHINGTON MN 56187 DIRECTOR HOEKSTRA, EVERETT 1520 PRAIRIE DRIVE

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: SHEILA DENTON

SECRETARY

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date