

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000005124

**Entity Name:** BRITE RIGID FRAME BUILDINGS USA INC.

**Current Principal Place of Business:**

425 ORBITING DR.  
SUITE A  
MOSINEE, WI 54455

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**7280665689CC**

**Current Mailing Address:**

688 JOSEPHINE STREET N, RR #1  
WINGHAM, ONTARIO, CANADA, N0G-2W0 CA

**FEI Number: 35-2635397**

**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           | CP                               | Title           | VCST                             |
| Name            | HOGERVORST, BEN                  | Name            | LOOS, MARK                       |
| Address         | 688 JOSEPHINE STREET N, RR #1    | Address         | 688 JOSEPHINE STREET N, RR #1    |
| City-State-Zip: | WINGHAM, ONTARIO, CANADA N0G-2W0 | City-State-Zip: | WINGHAM, ONTARIO, CANADA N0G-2W0 |

*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: BEN HOGERVORST**

**CEO**

**04/02/2019**

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

\_\_\_\_\_  
Date