

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000000738

Entity Name: W. W. CLYDE & CO

Current Principal Place of Business:

869 N 1500 W
OREM, UT 84057

Current Mailing Address:

869 N 1500 W
OREM, UT 84057 US

FEI Number: 87-0123690

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 OLSON, DUSTIN H
Address 869 N 1500 W
City-State-Zip: OREM UT 84057

Title SECRETARY
Name HALE, BRANDON
Address 302 WEST 5400 SOUTH
 SUITE 101
City-State-Zip: MURRAY UT 84107

Title VP
Name COCHRAN, JEFF
Address 869 N 1500 W
City-State-Zip: OREM UT 84057

Title VP
Name THOMPSON, JOHN
Address 869 N 1500 W
City-State-Zip: OREM UT 84057

Title VP
Name BLOUNT, RANDY
Address 869 N 1500 W
City-State-Zip: OREM UT 84057

Title TREASURER
Name SMITH, DAVID
Address 302 WEST 5400 SOUTH
 SUITE 101
City-State-Zip: MURRAY UT 84107

Title DIRECTOR
Name GAMMELL, A RAY
Address 730 NORTH 1500 WEST
City-State-Zip: OREM UT 84057

Title DIRECTOR
Name SCHELLENBERG, ALBERT T
Address 302 WEST 5400 SOUTH
 SUITE 200
City-State-Zip: MURRAY UT 84107

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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: BRANDON HALE

SECRETARY

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLYDE, BRYSON H
Address 869 N 1500 W
City-State-Zip: OREM UT 84057

Title DIRECTOR
Name CLYDE, JEFFREY R
Address 730 NORTH 1500 WEST,
City-State-Zip: OREM UT 84057

Title DIRECTOR
Name CLYDE, NORMAN D
Address 302 WEST 5400 SOUTH,
SUITE 101
City-State-Zip: MURRAY UT 84107

Title DIRECTOR
Name CLYDE, TAYLOR
Address 869 N 1500 W
City-State-Zip: OREM UT 84057

Title DIRECTOR
Name CLYDE, HAL MICHAEL
Address 730 NORTH 1500 WEST
City-State-Zip: OREM UT 84057

Title DIRECTOR
Name HAFEN, JEREMY D
Address 730 N. 1500 W
City-State-Zip: OREM UT 84057

Title DIRECTOR
Name CLYDE, PAUL B
Address 302 WEST 5400 SOUTH
SUITE 200
City-State-Zip: MURRAY UT 84107

Title DIRECTOR
Name CLYDE, WILFORD W
Address 302 WEST 5400 SOUTH,
SUITE 101
City-State-Zip: MURRAY UT 84107