### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F94000004000

Entity Name: VERMONT SYSTEMS, INC.

### Current Principal Place of Business:

12 MARKET PL. ESSEX JUNCTION, VT 05452

### **Current Mailing Address:**

12 MARKET PL. ESSEX JUNCTION, VT 05452 US

## FEI Number: 03-0298641

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

# Secretary of State 6142025964CC

Date

FILED Feb 18, 2019

Certificate of Status Desired: No

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	VD	Title	PD
Name	WILLEY, JOHN E	Name	WILLEY, GILES N
Address	4 RED BARN ROAD	Address	7 RED BARN ROAD
City-State-Zip:	ESSEX JCT VT 05452	City-State-Zip:	ESSEX JUNCTION VT 05452
Title	SECRETARY, DIRECTOR	Title	VDT
Name	VALLEY, LAURA W	Name	MITCHELL, KATHRYN W
Address	8 RED BARN RD	Address	5 DUNBAR DR
City-State-Zip:	ESSEX JCT VT	City-State-Zip:	ESSEX JCT VT 05452
Title	СОВ	Title	D
Title Name	COB WILLEY, ROBERT T	Title Name	D DUBIE, BRIAN E
Name Address	WILLEY, ROBERT T	Name	DUBIE, BRIAN E P.O. BOX 1075
Name Address City-State-Zip:	WILLEY, ROBERT T 1 ST. JAMES PLACE ESSEX JUNCTION VT 05452	Name Address	DUBIE, BRIAN E P.O. BOX 1075
Name Address	WILLEY, ROBERT T 1 ST. JAMES PLACE ESSEX JUNCTION VT 05452 VP/CFO/DIRECTOR	Name Address City-State-Zip:	DUBIE, BRIAN E P.O. BOX 1075 ST. ALBANS VT 05478
Name Address City-State-Zip: Title	WILLEY, ROBERT T 1 ST. JAMES PLACE ESSEX JUNCTION VT 05452	Name Address City-State-Zip: Title	DUBIE, BRIAN E P.O. BOX 1075 ST. ALBANS VT 05478 COO
Name Address City-State-Zip: Title Name Address	WILLEY, ROBERT T 1 ST. JAMES PLACE ESSEX JUNCTION VT 05452 VP/CFO/DIRECTOR VOIGT, DENNIS	Name Address City-State-Zip: Title Name	DUBIE, BRIAN E P.O. BOX 1075 ST. ALBANS VT 05478 COO PIUS, BARRY 12 MARKET PL.

## Continues on page 2

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: KATHRYN MITCHELL

TREASURER

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

## **Officer/Director Detail Continued :**

TitleCTONameWINER, JONAddress12 MARKET PL.City-State-Zip:ESSEX JUNCTION VT 05452