

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006514

Entity Name: JENSEN CABINET, INC.**Current Principal Place of Business:**205 E MURRAY ST
FORT WAYNE, IN 46803**Current Mailing Address:**P.O. BOX 10599
FORT WAYNE, IN 46853 US**FEI Number:** 35-1424596**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	PD
Name	DEDRICK, THOMAS
Address	8228 POPP ROAD
City-State-Zip:	FORT WAYNE IN 46845

Title	VP
Name	ROBERTSON, BRIAN
Address	2336 COMPTON DRIVE
City-State-Zip:	FORT WAYNE IN 46815

Title	ST
Name	FRANKLIN, JANE
Address	6732 LAURA LN
City-State-Zip:	FORT WAYNE IN 46804

Title	VP
Name	ROHLOFF, DANIEL D
Address	2834 BRIARDALE DR.
City-State-Zip:	FORT WAYNE IN 46825

Title	VP
Name	WESTER, DAVID M
Address	1836 NORTH ANTHONY BLVD
City-State-Zip:	FORT WAYNE IN 46805

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: JANE A. FRANKLIN**SEC./TREAS.****04/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date