

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003653

**Entity Name:** VSM SEWING INC.**Current Principal Place of Business:**1224 HEIL QUAKER BLVD.  
LAVERGNE, TN 37086**Current Mailing Address:**1224 HEIL QUAKER BLVD.  
LAVERGNE, TN 37086**FEI Number:** 31-1514576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	DVPS
Name	SHARPE, BEVERLY
Address	ONE PENN PLAZA, 36TH FLOOR
City-State-Zip:	NEW YORK NY 10119

Title	PRESIDENT
Name	PEREZ, DAVID
Address	1224 HEIL QUAKER BLVD
City-State-Zip:	LA VERGNE TN 37086

Title	VP
Name	BELL, TERESA
Address	1224 HEIL QUAKER BLVD.
City-State-Zip:	LAVERGNE TN 37086

Title	VP TREASURER
Name	HOPE, MICHELLE
Address	1224 HEIL QUAKER BLVD.
City-State-Zip:	LAVERGNE TN 37086

*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:** MICHELLE HOPE

VP TREASURER

04/28/2016

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