

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001312

Entity Name: OHM SYSTEMS, INC.**Current Principal Place of Business:**701 FIFTH AVENUE, SUITE 4900
SEATTLE, WA 98104**Current Mailing Address:**701 FIFTH AVENUE, SUITE 4900
SEATTLE, WA 98104 US**FEI Number:** 91-1500758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	TREASURER
Name	LAMBERT, SCOTT
Address	701 FIFTH AVENUE, SUITE 4900
City-State-Zip:	SEATTLE WA 98104

Title	VICE PRESIDENT
Name	HART, JOANNE
Address	701 FIFTH AVENUE, SUITE 4900
City-State-Zip:	SEATTLE WA 98104

Title	VICE PRESIDENT
Name	FLEMING, MARK
Address	701 FIFTH AVENUE, SUITE 4900
City-State-Zip:	SEATTLE WA 98104

Title	VICE PRESIDENT
Name	BUESCHER, BYRON
Address	701 FIFTH AVENUE, SUITE 4900
City-State-Zip:	SEATTLE WA 98104

Title	DIRECTOR
Name	SATALINE, JR., FRANK
Address	701 FIFTH AVENUE, SUITE 4900
City-State-Zip:	SEATTLE WA 98104

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: SCOTT LAMBERT**TREASURER****04/05/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date