

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04375

**FILED**  
**Apr 09, 2016**  
**Secretary of State**  
**CC3149722424**

**Entity Name:** VFP FIRE SYSTEMS, INC.

**Current Principal Place of Business:**

301 YORK AVE N  
ST. PAUL, MN 55130

**Current Mailing Address:**

301 YORK AVE N  
ST. PAUL, MN 55130 US

**FEI Number:** 36-1913510

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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            PRESIDENT, CEO  
Name            MCCLEERY, ANDREW S.  
Address        301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130

Title            TREASURER, SECRETARY, CFO  
Name            LYDON, THOMAS A.  
Address        301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130

Title            DIRECTOR, CHAIRMAN OF THE BOARD  
Name            ANDERSON, LEE R. SR.  
Address        1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title            ASST. TREASURER  
Name            HATFIELD, SCOTT  
Address        1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title            DIRECTOR  
Name            BECKER, RUSSELL A.  
Address        1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title            VP  
Name            DRISCOLL, DENNIS  
Address        301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130

Title            EXECUTIVE VICE PRESIDENT  
Name            GIFFORD, PAUL (MIKE)  
Address        301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130

Title            ASSISTANT SECRETARY, ASSISTANT TREASURER  
Name            KUHA, BRYAN L.  
Address        301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130

**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:** SCOTT HATFIELD

**ASSISTANT TREASURER    04/09/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name POLOVITZ, MARK  
Address 301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130

Title VP  
Name TIMM, BOYD  
Address 301 YORK AVE N  
City-State-Zip: ST. PAUL MN 55130