

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16717

Entity Name: WESTERN STATES FIRE PROTECTION COMPANY**Current Principal Place of Business:**1100 OLD HIGHWAY 8 NW
NEW BRIGHTON, MN 55112**Current Mailing Address:**1100 OLD HIGHWAY 8 NW
NEW BRIGHTON, MN 55112 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	DIRECTOR
Name	BECKER, RUSSELL A.
Address	1100 OLD HIGHWAY 8 NW
City-State-Zip:	NEW BRIGHTON MN 55112

Title	SECRETARY/TREASURER
Name	LYDON, THOMAS A.
Address	1100 OLD HIGHWAY 8 NW
City-State-Zip:	NEW BRIGHTON MN 55112

Title	PRESIDENT
Name	DAANE, JEFFREY R.
Address	1100 OLD HIGHWAY 8 NW
City-State-Zip:	NEW BRIGHTON MN 55112

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

Title	DIRECTOR
Name	ANDERSON, LEE R. SR.
Address	1100 OLD HIGHWAY 8 NW
City-State-Zip:	NEW BRIGHTON MN 55112

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** 04/12/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date