

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16717

**FILED**  
**Apr 05, 2014**  
**Secretary of State**  
**CC7212412376**

**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: 84-0973303**

**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            PRESIDENT  
Name            DAANE, JEFF  
Address        1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

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

Title            TREASURER, CFO  
Name            KEUP, GREGORY J.  
Address        1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title            SECRETARY, DIRECTOR  
Name            BEADIE, WILLIAM M.  
Address        705 MONTCALM PLACE  
City-State-Zip: ST. PAUL MN 55116

Title            ASST. TREASURER  
Name            HATFIELD, SCOTT  
Address        1100 OLD HWY 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**

**ASST. TREASURER**

**04/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date