

**2016 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:** 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, CEO  
Name            DAANE, JEFF  
Address        1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

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            TREASURER, CFO, SECRETARY  
Name            LYDON, THOMAS A.  
Address        1100 OLD HIGHWAY 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            ASST. TREASURER  
Name            HATFIELD, SCOTT  
Address        1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title            EXECUTIVE VICE PRESIDENT  
Name            CHARLES, RICK  
Address        1100 OLD HIGHWAY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

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

Title            ASSISTANT TREASURER  
Name            POLOVITZ, MARK  
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    04/09/2016**

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

\_\_\_\_\_  
Date