

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008828

Entity Name: ULTIMATE SURVIVAL TECHNOLOGIES, LLC**Current Principal Place of Business:**1800 N. ROUTE Z
COLUMBIA, MO 65202**Current Mailing Address:**1800 N. ROUTE Z
COLUMBIA, MO 65202 US**FEI Number:** 81-4089339**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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

Authorized Person(s) Detail :

Title VP, SECRETARY
Name BROWN, DOUGLAS V.
Address 1800 N. ROUTE Z
City-State-Zip: COLUMBIA MO 65202

Title CFO, TREASURER
Name FULMER, H. ANDREW
Address 1800 N. ROUTE Z
City-State-Zip: COLUMBIA MO 65202

Title CEO
Name MURPHY, BRIAN D.
Address 1800 N. ROUTE Z
City-State-Zip: COLUMBIA MO 65202

Title ASSISTANT SECRETARY, ASSISTANT
TREASURER
Name CARTER, KYLE
Address 1800 N. ROUTE Z
City-State-Zip: COLUMBIA MO 65202

Title ASSISTANT SECRETARY
Name HAMEL, DOUGLAS M.
Address 1800 N. ROUTE Z
City-State-Zip: COLUMBIA MO 65202

Title AUTHORIZED MEMBER
Name AOB PRODUCTS COMPANY
Address 1800 N. ROUTE Z
City-State-Zip: COLUMBIA MO 65202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN D. MURPHY**CHIEF EXECUTIVE
OFFICER****01/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date