

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 829457

Entity Name: ERSHIGS, INC.

**Current Principal Place of Business:**

742 MARINE DRIVE  
BELLINGHAM, WA 98225

**Current Mailing Address:**

742 MARINE DRIVE  
BELLINGHAM, WA 98225 US

FEI Number: 91-0655652

Certificate of Status Desired: No

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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            PILCHER, THOMAS W.  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            VP, DIRECTOR  
Name            BENNETT, ROBERT B.  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            SECRETARY, DIRECTOR  
Name            CAMPBELL, CATHY L.  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            TREASURER, CFO, DIRECTOR  
Name            MAYNARD, TIMOTHY D.  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            VP  
Name            HETTICK, STEVE  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            VP  
Name            COURTNEY, ROD  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            VP  
Name            SCHUMACHER, ERIC  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

Title            VP  
Name            TRENARY, CHAUN  
Address        742 MARINE DRIVE  
City-State-Zip: BELLINGHAM WA 98225

*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: TIMOTHY D. MAYNARD

TREASURER

04/29/2014

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

\_\_\_\_\_ Date