

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 829890

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC3809913957**

**Entity Name:** OVERHEAD DOOR CORPORATION

**Current Principal Place of Business:**

2501 S. STATE HIGHWAY 121  
SUITE 200  
LEWISVILLE, TX 75067

**Current Mailing Address:**

2501 S. STATE HIGHWAY 121  
SUITE 200  
LEWISVILLE, TX 75067

**FEI Number:** 35-0564120

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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 CD  
Name TAKAYAMA, TOSHITAKA  
Address 2501 S. STATE HIGHWAY 121,STE.200  
City-State-Zip: LEWISVILLE TX 75067

Title PCED  
Name STONE, DENNIS  
Address 2501 S. STATE HIGHWAY 121,STE.  
200  
City-State-Zip: LEWISVILLE TX 75067

Title VCFD  
Name WILSON, JOHN B  
Address 2501 S. STATE HIGHWAY 121, STE.  
200  
City-State-Zip: LEWISVILLE TX 75067

Title VPT  
Name ROSS, MARTHA  
Address 2501 S. STATE HIGHWAY 121  
SUITE 200  
City-State-Zip: LEWISVILLE TX 75067

Title VGCS  
Name SCHOCHET, WILLIAM A  
Address 2501 S. STATE HIGHWAY 121, STE.  
200  
City-State-Zip: LEWISVILLE TX 75067

Title D  
Name DOBA, TOSHAIKA  
Address 2501 S. STATE HIGHWAY 121, STE.  
200  
City-State-Zip: LEWISVILLE TX 75067

*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:** MARTHA ROSS

VPT

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date