

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000119

Entity Name: CUSHING TERRELL INC.**Current Principal Place of Business:**13 NORTH 23RD STREET
BILLINGS, MT 59101**Current Mailing Address:**13 NORTH 23RD STREET
BILLINGS, MT 59101 US**FEI Number:** 81-0305543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, DIRECTOR
Name MATTHEWS, GREG
Address 13 NORTH 23RD STREET
City-State-Zip: BILLINGS MT 59101

Title DIRECTOR
Name BRONEC, ALAN
Address 306 WEST RAILROAD AVENUE
 SUITE 104
City-State-Zip: MISSOULA MT 59802

Title DIRECTOR
Name MITCHELL, DAVID
Address 2 MAIN STREET
 SUITE 205
City-State-Zip: KALISPELL MT 59901

Title DIRECTOR, MANAGING PARTNER
Name BYRNES, MARTIN
Address 2ND AVENUE SOUTH
 219
City-State-Zip: GREAT FALLS MT 59405

Title DIRECTOR
Name O'LEARY, MICHAEL F
Address 200 WEST MERCER STREET
 SUITE 503
City-State-Zip: SEATTLE WA 98119

Title DIRECTOR, SECRETARY
Name KOEL, DAVID
Address 2 MAIN STREET
 SUITE 205
City-State-Zip: KALISPELL MT 59901

Title DIRECTOR
Name BEAL, JIM
Address 13 NORTH 23RD STREET
City-State-Zip: BILLINGS MT 59101

Title DIRECTOR
Name DEMARINIS, RICK
Address 316 NORTH LAST CHANGE GULCH
City-State-Zip: HELENA MT 59601

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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: DAVID KOEL**SECRETARY****04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ARTHUR, ROB
Address 306 WEST RAILROAD AVENUE
 SUITE 104
City-State-Zip: MISSOULA MT 59802

Title DIRECTOR
Name MILLER, TIM
Address 800 MAIN STREET
 SUITE 800
City-State-Zip: BOISE ID 83702

Title DIRECTOR
Name MURRAY, SHAWN
Address 13 NORTH 23RD STREET
City-State-Zip: BILLINGS MT 59101