

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001307

**Entity Name:** AIRSTREAM, INC.

**Current Principal Place of Business:**

419 W. PIKE ST  
JACKSON CENTER, OH 45334

**Current Mailing Address:**

PO BOX 629  
JACKSON CENTER, OH 45334 US

**FEI Number:** 93-0768561

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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            CEO  
Name            WHEELER, BOB  
Address        419 W PIKE ST  
City-State-Zip: JACKSON CENTER OH 45334

Title            SR. VP OF OPERATIONS  
Name            WAHL, MARK  
Address        419 W PIKE ST  
City-State-Zip: JACKSON CENTER OH 45334

Title            VP OF FINANCE  
Name            LEKSAN, MARK P  
Address        419 W PIKE ST  
City-State-Zip: JACKSON CENTER OH 45334

Title            CONTROLLER  
Name            OAKLEY, STEPHANIE A  
Address        419 W PIKE ST  
City-State-Zip: JACKSON CENTER OH 45334

Title            COO  
Name            HUMPHREYS, JUSTIN P  
Address        419 W PIKE ST  
City-State-Zip: JACKSON CENTER OH 45334

*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:** STEPHANIE OAKLEY

**CONTROLLER**

**04/16/2019**

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

\_\_\_\_\_  
Date