

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000006453

Entity Name: TACTICAL WORKFORCE SOLUTIONS, INC.**Current Principal Place of Business:**250 S. EXECUTIVE DRIVE
BROOKFIELD, WI 53005**Current Mailing Address:**2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 US**FEI Number:** 20-3512623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O 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	PRESIDENT
Name	KOENIG, RICHARD
Address	250 S. EXECUTIVE DRIVE
City-State-Zip:	BROOKFIELD WI 53005

Title	DIRECTOR, CHAIRMAN
Name	GREENE, ROBERT
Address	2000 NE JENSEN BEACH BLVD
City-State-Zip:	JENSEN BEACH FL 34957

Title	CEO, DIRECTOR
Name	ANSON, JR., PHILIP
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

Title	SECRETARY, TREASURER, CFO, DIRECTOR
Name	SOMMERS, MICHAEL
Address	2000 NE JENSEN BEACH BLVD
City-State-Zip:	JENSEN BEACH FL 34957

Title	DIRECTOR
Name	ANSON, PHILIP
Address	2000 NE JENSEN BEACH BLVD.
City-State-Zip:	JENSEN BEACH FL 34957

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: MICHAEL SOMMERS

CFO

06/12/2017

Electronic Signature of Signing Officer/Director Detail_____
Date