

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000950

Entity Name: 5.11, INC.**Current Principal Place of Business:**4300 SPYRES WAY
MODESTO, CA 95356**Current Mailing Address:**4300 SPYRES WAY
MODESTO, CA 95356**FEI Number:** 61-1443499**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 CEO, DIRECTOR
Name DAVIN, THOMAS E
Address 1360 REYNOLDS AVE
SUITE 101
City-State-Zip: IRVINE CA 92614

Title CFO
Name UNTER, DAVID A
Address 1360 REYNOLDS AVE
SUITE 101
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name MCLAUGHLIN, BETSY
Address 4300 SPYRES WAY
City-State-Zip: MODESTO CA 95356

Title DIRECTOR
Name MENDENHALL, DUDLEY
Address 4300 SPYRES WAY
City-State-Zip: MODESTO CA 95356

Title SECRETARY
Name WICKS, JOHN F
Address 4300 SPYRES WAY
City-State-Zip: MODESTO CA 95356

Title DIRECTOR
Name SAWTELLE, ZACHARY
Address 2010 MAIN STREET
SUITE 1220
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name KNIGHT, KIP
Address 4300 SPYRES WAY
City-State-Zip: MODESTO CA 95356

Title DIRECTOR
Name SABO, ELIAS
Address 2010 MAIN STREET
SUITE 1220
City-State-Zip: IRVINE CA 92614

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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: JOHN F. WICKS**SECRETARY****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR, ASST. SECRETARY
Name	MACIARIELLO, PATRICK A.
Address	2010 MAIN STREET SUITE 1220
City-State-Zip:	IRVINE CA 92614