

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000950

Entity Name: 5.11, INC.**Current Principal Place of Business:**3201 NORTH AIRPORT WAY
MANTECA, CA 95336**Current Mailing Address:**3201 NORTH AIRPORT WAY
MANTECA, CA 95336 US**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
Name	MORALES, FRANCISCO
Address	1360 REYNOLDS AVE SUITE 101
City-State-Zip:	IRVINE CA 92614
Title	CFO
Name	MCGINTY, JIM
Address	1360 REYNOLDS AVE SUITE 101
City-State-Zip:	IRVINE CA 92614
Title	DIRECTOR
Name	MCLAUGHLIN, BETSY
Address	3201 NORTH AIRPORT WAY
City-State-Zip:	MANTECA CA 95336
Title	DIRECTOR
Name	MENDENHALL, DUDLEY
Address	3201 NORTH AIRPORT WAY
City-State-Zip:	MANTECA CA 95336

Title	SECRETARY
Name	WICKS, JOHN F
Address	3201 NORTH AIRPORT WAY
City-State-Zip:	MANTECA CA 95336
Title	DIRECTOR
Name	SAWTELLE, ZACHARY
Address	2010 MAIN STREET SUITE 1220
City-State-Zip:	IRVINE CA 92614
Title	DIRECTOR
Name	KNIGHT, KIP
Address	3201 NORTH AIRPORT WAY
City-State-Zip:	MANTECA CA 95336
Title	DIRECTOR
Name	HYDE, MATT
Address	3201 NORTH AIRPORT WAY
City-State-Zip:	MANTECA CA 95336

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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****04/23/2019**

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