

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004657

Entity Name: MOUNTAIN OPTECH, INC.**Current Principal Place of Business:**1350 KANSAS AVE
LONGMONT, CO 80501**Current Mailing Address:**11878 HUBBARD ST
LIVONIA, MI 48150**FEI Number:** 38-3269706**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 PRES
Name PHILLIPS, WILLIAM S
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title SEC
Name FITZPATRICK, MICHAEL D
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title TREA
Name PERLIN, LAWRENCE E
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name CAUZILLO, THERESA R
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title VP
Name CAUZILLO, STEVEN G.
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name BASSETT, BRENT A
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name AGINIAN, RICHARD D
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name WILLS, JOHN C
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Continues on page 2

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: LAWRENCE E. PERLIN**CHIEF FINANCIAL
OFFICER****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAUZILLO, THERESA R
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name BASSETT, BRENT A
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name WILLS, JOHN C
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title VP
Name CAUZILLO, STEVEN G.
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150

Title DIRECTOR
Name AGINIAN, RICHARD D
Address 11878 HUBBARD ST
City-State-Zip: LIVONIA MI 48150