

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003635

Entity Name: ATLANTIC PRECISION, INC.**Current Principal Place of Business:**4650 SW MACADAM AVE
PORTLAND, OR 97239**Current Mailing Address:**1461 NW COMMERCE CENTRE DRIVE
PORT ST. LUCIE, FL 34986 US**FEI Number:** 47-1655957**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 CHAIRMAN, PRESIDENT,
SECRETARY, DIRECTOR
Name RISING, THOMAS J
Address 1461 NW COMMERCE CENTRE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name BEYER, RUTH A
Address 4650 SW MACADAM AVE
SUITE 400
City-State-Zip: PORTLAND OR 97239

Title OFFICER
Name RISING, THOMAS J
Address 1461 NW COMMERCE CENTRE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name HAGEL, SHAWN R
Address 4650 SW MACADAM AVE
SUITE 400
City-State-Zip: PORTLAND OR 97239
Title ASST. SECRETARY, OFFICER
Name STORCK, JOSEPH A
Address 1461 NW COMMERCE CENTRE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34986

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: SHAWN R. HAGEL**DIRECTOR****01/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date