

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004165

**FILED**  
**Apr 07, 2018**  
**Secretary of State**  
**CC1318743531**

**Entity Name:** WALTER KIDDE PORTABLE EQUIPMENT INC.

**Current Principal Place of Business:**

1016 CORPORATE PARK DRIVE  
MEBANE, NC 27302

**Current Mailing Address:**

1016 CORPORATE PARK DRIVE  
MEBANE, NC 27302 US

**FEI Number: NOT APPLICABLE**

**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 ASSISTANT SECRETARY  
Name QUERCIA, ANDREA M.  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title TREASURER  
Name MCHUGH, PETER  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title SECRETARY  
Name LUARDE, SHARON  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title PRESIDENT  
Name FRAIPONT, PAUL  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title DIRECTOR  
Name MCHUGH, PETER  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title DIRECTOR  
Name LUARDE, SHARON  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title DIRECTOR  
Name FRAIPONT, PAUL  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

Title DIRECTOR  
Name BORIES, JACQUES CHARLES  
Address 1016 CORPORATE PARK DRIVE  
City-State-Zip: MEBANE NC 27302

*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: ANDREA M. QUERCIA**

**ASSISTANT SECRETARY 04/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date